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PACIFIC BASIN EDUCATION AND HEALTH ISSUES

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

SECOND SESSION

SPECIAL HEARING

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PACIFIC BASIN EDUCATION AND HEALTH ISSUES

TUESDAY, JANUARY 17, 1984

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Honolulu, Hawaii

The subcommittee met at 9 a.m., in the Pacific room, Jefferson Hall, the East-West Center, Honolulu, Hawaii. Senator Lowell P. Weicker, Jr. (chairman) presiding.

Present: Senators Weicker and Inouye.

HAWAII STATE DEPARTMENT OF EDUCATION

STATEMENTS OF:

- NOBORU YONAMINE, CHAIRMAN, BOARD OF EDUCATION, HAWAII STATE DEPARTMENT OF EDUCATION
- DR. NANCY FOON YOUNG, MEMBER, BOARD OF EDUCATION, HAWAII STATE DEPARTMENT OF EDUCATION
- DR. DONNIS THOMPSON, SUPERINTENDENT OF EDUCATION, STATE OF HAWAII
- CARL SAKATA, BUDGET SPECIALIST, OFFICE OF THE SUPERINTENDENT, HAWAII STATE DEPARTMENT OF EDUCATION
- MILES KAWATACHI, EDUCATIONAL DIRECTOR, SPECIAL NEEDS BRANCH, HAWAII STATE DEPARTMENT OF EDUCATION
- MOSS IKEDA, EDUCATIONAL SPECIALIST, COMPENSATORY EDUCATION, SPECIAL NEEDS BRANCH, HAWAII STATE DEPARTMENT OF EDUCATION
- DR. LAWRENCE INABA, EDUCATIONAL DIRECTOR, OCCUPATIONAL DEVELOPMENT AND STUDENT SERVICES BRANCH, HAWAII STATE DEPARTMENT OF EDUCATION
- RICHARD PORT, ACTING EDUCATIONAL DIRECTOR, DEVELOPMENT SERVICES AND CONTINUING EDUCATION BRANCH, HAWAII STATE DEPARTMENT OF EDUCATION
- DR. EVELYN KLINCKMANN, ASSISTANT SUPERINTENDENT, OFFICE OF INSTRUCTIONAL SERVICES, HAWAIII STATE DEPARTMENT OF EDUCATION
- HAROLDEEN WAKIDA, PRESIDENT, HAWAII STATE TEACHERS ASSOCIATION

Senator WEICKER. It's a great pleasure to join all of you in your beautiful State and enjoy your hospitality, and have the opportunity to meet and exchange ideas.

These hearings on health and education issues affecting the Pacific Basin were requested last spring by my good friend and colleague, your senior Senator, Dan Inouye.

I want to say that there is probably no individual in the U.S. Senate for whom I have greater admiration. Dan and I go back quite a ways, during some of the more critical moments in recent history, and since that time we've developed the closest of working relationships in terms of the matters that affect all citizens of this Nation.

I think you should know that in terms of respect for the person, for the perceptiveness and the compassion of the man, no Senator in the United States ranks higher in the esteem of his colleagues. How we fare with the constituents as a whole sometimes is a matter of public relations. How you fare among your colleagues, that's the toughest judgment of all, and Dan rides at the top of the list, not only in the Democratic ranks, but among Republican Senators, and certainly insofar as this Republican Senator is concerned.

In Washington we have long been aware of the strategic importance of this region. However, the defense interest is not only the only matter with which we've concerned ourselves. Due largely to the efforts of Senator Inouye, attention has been brought to the unique problems and special needs of the residents of the Pacific Basin in health care, education, and social welfare.

We know, for example, that the native Hawaiians have a cancer rate higher than any other group, and we are concerned that native Hawaiians constitute a higher percentage of those needing treatment for alcoholism. We understand that distance, climate, and cultural differences create a number of problems in health care delivery throughout the region. And we realize that among the most pressing problems is manpower, both in your health care and educational systems.

The talents of your Senator are many, but one may only look at the reports of the Senate Appropriations Committee over the last several years to realize that his powers of persuasion are great. Within the last year alone Congress has provided a 27-percent increase in the Federal payments to the support of Hansen's Disease Center in Kalaupapa; provided an appropriation to establish a rehabilitation, research, and training program; maintained the territorial teacher training program; directed the Department of Health and Human Services to provide special attention to, and study the cancer rate and alcohol problems of native Hawaiians, and created a special provision in the appropriations act to recognize Hawaii's unique educational system for the purposes of impact aid.

In addition, as a result of the efforts of Dan, the Department of Health and Human Services has established a special task force to examine and report to the Congress on the health needs of the Pacific Basin, including public health, education, administration, manpower, and delivery of services.

These hearings allow us the opportunity to bring together in one place those most familiar with the range of issues with which we must deal and to establish a base from which to examine the Department's efforts with respect to this special task force.

And last but not least, although my staff is too tactful to include in my prepared remarks, the building that we're sitting in right now, is probably standing because of Dan. I did my best to go ahead and eliminate funding for it over the years. He wouldn't let me, and I'm glad he didn't. And in all the things that I've cited and all the experiences I've had, no man could represent his constituents better.

I thank you all for having me to your State, it's the first visit for me, and one that I've looked forward to for a long time.

Senator?

Senator INOUYE. Needless to say, I'm overwhelmed by the warm words of my chairman. I want the record to show that I did not draft his opening remarks. I couldn't have done better for my campaign.

Seriously, I believe I can speak for the people of Hawaii when I say thank you very much for being with us. I know that this is recess time and this is a time when you should be home with your constituents, and traveling 5,000 miles to be with us to listen to our concerns is not the happiest place to spend a recess. For that, I thank you. I hope that your visit here will be a memorable one. I'm certain that the people here will testify we've been looking forward to your visit, and like I have done, I'm sure they want to thank you for all you've done for us.

So, with those words, once again, thank you very much for your kind words. Thank you.

Senator WEICKER. All right, let's get to work.

The first panel to testify now—I tell you, I just don't want to mispronounce anybody's name around here, and I'll do my best, really. Don't get mad, because I've been Senator and Congressman from Connecticut now for 16 years, and Weicker is still mispronounced, so I suffer under the same difficulty.

As a matter of fact, in my campaign for the Congress we spent our entire advertising budget getting people to pronounce the name right, and so we coined a slogan, I'm a Weicker liker. And all $50,000 of the budget went into advertising that slogan. And the night before the election, Nelson Rockefeller came in to campaign for me, and not once, not twice, but at least 10 times he kept on referring to his good friend Lowell Wicker. So I hope you'll forgive me.

Senator INOUYE. Let's hear the first one.

Senator WEICKER. That's what stopped me in my tracks, Dan, that's why I had to go ahead and tell the story. On behalf of the State department of education, Noboru Yonamine.

Senator INOUYE. That's fine.

Senator WEICKER. How do you say that? Would you please tell me how is it pronounced?

Mr. YONAMINE. Yonamine, but that's close enough, Senator Weicker.

Senator WEICKER. [Laughing.]

Dr. Nancy Young and Dr. Donnis Thompson.

Dr. THOMPSON. Yes, sir.

Senator WEICKER. Haroldeen Wakida. Are you here, too?

Ms. WAKIDA. Yes.

Senator WEICKER. Now, is that pronounced right or is that wrong?

Ms. WAKIDA. Yes; that's correct.

Senator INOUYE. You're an old pro.

PREPARED STATEMENTS

Senator WEICKER. All right. Now, on all these panels I'm going to leave it to the panel to decide how they are to proceed. I'm sure you've discussed this among yourselves. Please do it in any way that you deem fit. All statements will be included, in their entirety, in the record. And you proceed in any way that most pleases you.

[The statements follow:]

STATEMENT OF NOBORU YONAMINE

I am Noboru Yonamine, and as chairman of the State Board of Education, it is my privilege to extend aloha to you from the 13 elected members who constitute the only school board in this state.

We appreciate the fact that the Subcommittee on Labor, Health, Human Services, and Education has come to Hawaii for this hearing. It is important that the Congress and all arms of the federal level of government fully understand that Hawaii is unique in many ways. Ours is the only state with a unified statewide public school system, governed by one Board of Education and, with the exception of specific federal programs, funded entirely by the State.

Because we have a single statewide system, it is a large one serving a population with an unusual diversity of interests and needs. Our schools serve children in remote rural areas, as well as those in the metropolitan area of Oahu and the military installations. Our schools and our people are separated geographically by islands, and each area has its own characteristics, its own flavor of life.

Accordingly, to facilitate the provision of educational services in these different communities, our school system also is divided into seven administrative districts, although all come under the governance of the State.

We believe that this structure and system for funding education enables us to equalize educational opportunity throughout the entire state to a greater extent than is possible in any other state, while at the same time, giving us the ability to address the particular needs of each area.

Hawaii is different in other ways, as well. Our population is multi-cultural and multi-lingual, with no one ethnic group constituting a majority. We have the highest per capita immigration rate of any state, and we have within our student body, native speakers of more than 40 different languages and dialects.

We also serve a large indigenous population of Hawaiians and part Hawaiians, a growing group which is experiencing a great renaissance of interest in its own cultural values, traditions and language.

Public education faces great challenges in this state, and we are moving ahead simultaneously on several fronts, not only to address existing needs, but also to anticipate and prepare for the future.

Some of the details of what we are doing will be presented during this hour by members of the Board of Education and by our Superintendent, who also will cover major federal programs.

We hope these presentations will provide you with good insight into the status and needs of public education in Hawaii, especially in respect to the federal role.

Senator Inouye and Hawaii's other members of Congress represent us well. We are thankful for their strong support. I know that Senator Inouye is well informed about education in this state, but I believe it is important that the record of this subcommittee include the overview I have presented. It is crucial that good understanding and close cooperation between the federal and state levels continue if Hawaii is to deal successfully with the challenges ahead.

STATEMENT OF DR. NANCY FOON YOUNG

My name is Nancy Foon Young, member of the Hawaii State Board of Education. It is indeed a pleasure to address this Subcommittee on Labor, Health, Human Services, and Education and share what we, the Board, have been and currently is doing to further public education in Hawaii. The Board believes that quality schools and libraries are important avenues for developing each person's potential to the fullest and creating a better society in which to live and function.

As elected state officials, and public servants and representatives in education, Board of Education members documented and publicized their commitment in The Goals and Objectives of the Hawaii State Board of Education for the Eighties.

The document identifies: (1) the mission of the public schools, (2) the mission of the public libraries, (3) the mission of the Hawaii State Board of Education, and (4) goals and objectives to provide directions for the State Department of Education.

The goals and objectives, in turn, cover the areas of: (1) governing the systems, (2) administering the systems, (3) providing instructional and informational services, (4) providing institutional support services, and (5) renewing the organization (i.e., the State Department of Education).

A few examples of goals and objectives in the area of governing the systems include seeking enabling legislation such as lump-sum operating and capital improvement budgets at the Board level; seeking new and broad opportunities for advisory councils and library commissions to assist the Board and its members; and seeking the support of Hawaii's congressional delegation, the Governor, State Legislature and other organizations to preserve and increase funding for programs and services that benefit students directly.

A few examples of goals and objectives in other areas include: establishing guidelines for grade-to-grade promotions; providing comprehensive library services of high quality to further educate and enrich the lives of people; providing a broad but well-balanced curriculum related to the times and needs of students; increasing the use of electronic media and materials; expanding library services to the handicapped, institutionalized and others with special needs; assuring students, library patrons and staff safety; and upgrading and expanding current automated support systems.

Let me highlight just one activity currently in progress to illustrate implementation of a stated goal or objective. To renew the organization, a joint Board of Education and Board of Regents study has started. This study is to be titled: Hawaii: Toward Excellence--Early Childhood to Adult Education. This joint venture should result in providing improvements or reforms to public education in Hawaii at all levels, enhancing cooperation between the Department of Education and University of Hawaii System, and articulating/communicating mutual concerns in public education.

Seven task forces on (1) Content, (2) Standards and Expectations, (3) Structure of Time, (4) Teaching, (5) Leadership, Fiscal Support and Communications, (6) Research, and (7) Environment filled with top educators from all levels in Hawaii including the private schools were established to fulfill the earlier stated purposes. The final report will be disseminated locally and nationally about December, 1984.

Thank you for this opportunity to share Hawaii's Board of Education's efforts to improve education with you, and we urge you to join us in a commitment to make the Goals and Objectives of the Hawaii State Board of Education for the Eighties a reality.

STATEMENT OF DR. DONNIS H. THOMPSON

I am Donnis Thompson, Superintendent of Education for the State of Hawaii. Thank you for giving us this opportunity to brief the Subcommittee on Labor, Health, Human Services, and Education on the status of public education and federal education programs in Hawaii.

Since its beginnings in 1840 as one of the earliest public school systems in America, education has been given high priority in Hawaii. The commitment to excellence in schooling is not new here, but we welcome the impetus that has come from the report of the National Commission on Excellence in Education.

Before that report was issued, we had recognized the need to take new steps to improve the quality of education provided to the children of Hawaii, to better meet their needs in an increasingly sophisticated society. The Board of Education had already adopted comprehensive goals and objectives, as described to you. We were already moving in many of the directions indicated by the national report. But we have much more to do and much farther to go.

The release of several national studies, coming as they did on top of our already established goals and objectives for education in Hawaii, presented my staff with a need to bring all of these ideas together in some way that would give us a clear picture of what we hope to achieve.

As a result, we reviewed all the national recommendations and their relationship to the Board's goals and objectives and what is already being done in this state, and we put the best of our thinking into a position paper which we call "A Vision of Excellence."

This document presents very simply and clearly our beliefs about the mission of the schools, about learning, teaching, subject matter and the school environment. It states our commitments to excellence for the students of Hawaii. And the heart of the document describes our concept of ideal schooling at the primary, upper elementary, intermediate and high school levels.

At the present time, our "Vision" is serving as the basis for dialogue by all kinds of community groups and persons concerned with education in this state. In a month or so, when feedback from all these discussions is received, we will come up with a final document that represents a vision and a commitment to quality education that is shared by all the people of this state. Then we will be ready to prepare and implement action plans to bring our vision to reality.

We have emphasized very strongly, as does the report of the National Commision, that education must be a shared responsibility, with the state, the schools, the teachers, students, parents and the general community working together in the same direction, toward the same vision of excellence.

We believe this shared responsibility for education also must extend to all levels -- national, state and local. This means we also must have a strong national commitment in the form of high level support for improvement in every school in the United States.

I would like, at this time, to mention two areas of particular concern to Hawaii in which federal support must be a key element.

The National Commission's report devoted much attention to the critical shortage of qualified teachers in the areas of science and mathematics. In Hawaii, even while there has been a surplus of qualified applicants for most teaching positions, we are experiencing shortages in mathematics and science, as well as in agriculture, industrial arts and special education.

We have developed a plan of action to minimize future teacher shortages through a combination of means, including efforts to attract bright young people into teaching careers, activities to make teaching more attractive and to increase the prestige of teachers in the community, working together with professional organizations and institutions of higher education in recruiting of teachers, especially for the areas of need, and encouraging teachers in overstaffed areas to re-train for the shortage areas.

This is not just a local problem, however. It is a problem faced by school districts throughout the nation who are, in fact, competing for the limited supply of qualified teachers. For this reason, it is a problem that must be addressed at the national level, as well as by state and local school systems.

There has been talk in the Congress, we hear, of possible programs to offer scholarships, loans, grants-in-aid or other forms of financial assistance for training and re-training of teachers for the shortage areas. We believe assistance of this type will be necessary to resolve a very real crisis in education in our country, and we urge your support for such programs.

The other matter I wish to mention in this portion of my testimony has to do with the common educational concerns of the Pacific Basin jurisdictions. Through a grant from the National Institute of Education to the Northwest Regional Educational Laboratory, we have been able to organize a policy board composed of the top education officials from American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, the Republic of Palau, the Federated States of Micronesia and Hawaii.

As a policy board, this group is working together to identify common needs and set priorities for research and technical assistance to be provided by the Northwest Regional Lab.

The children of all these Pacific islands have urgent educational needs which cannot be served in isolation. We are very grateful for the NIE grant which is making it possible for us to work together and to share the expertise of the Northwest Lab, and I want to express my appreciation to you for this federal assistance.

STATEMENT OF CARL SAKATA

We thank you for your efforts at amending the federal law to treat Hawaii as seven separate school districts for Impact Aid purposes. It is our understanding that we can now expect a restoration of the amounts that were previously cut from Hawaii's entitlement.

Hawaii has participated in the Impact Aid Program from its inception in 1950 when Congress declared it to be the policy of the United States to provide financial assistance to school districts impacted by federal activities.

		NUMBER OF FEDERALLY CONNECTED STUDENTS		
FISCAL YEAR	IMPACT AID RECEIPT	CATEGORY A*	CATEGORY B*	TOTAL
1978-79	$15.5 million	16,721	26,739	43,460
1979-80	16.3 million	16,482	24,263	40,745
1980-81	16.7 million	15,432	22,502	37,934
1981-82	10.8 million	15,391	20,802	36,193
1982-83	16.4 million	15,564	21,540	37,104
1983-84	15.6 million	15,411	21,709	37,120

*Category A students are those whose parents live and work on federal property.
Category B students are those whose parents live or work on federal property.

In 1950, there were 12,220 federally-connected students in our school system. This represented 13 percent of the total school enrollment of 93,903. Today there are 37,120 federally-connected students, or 23 percent of the total enrollment of 161,610 students. Of the 230 public schools in Hawaii's system, federally-connected students are enrolled in 221 or 96 percent of the schools.

The high percentage of students who are federally-connected is due to national defense and Hawaii's strategic location in the middle of the Pacific Ocean. Military personnel and their dependents comprise about 12 percent of the total state population.

In Hawaii, Impact Aid Funds are used for Regular Instruction, to pay the salaries and fringe benefits of classroom teachers.

	No. of Students	No. of Teachers (Based on 26-1 Pupil-Teacher Ratio)	Cost of Education (Based on $3,000 Per Student)	50% of Cost
Category A	15,411	593	$46.2 million	$23.1 million
Category B	21,709	835	65.1 million	32.6 million
TOTALS	37,120	1,428	$111.3 million	$55.7 million

The $15.6 million Hawaii expects to receive in Impact Aid Funds this year represents only 14 percent of the total cost of $111.3 million to educate the 37,120 federally-connected students. The federal reimbursement averages out to only $420 per student. This is compared with the $3,000 needed to educate each student this year. Even if the federal government reimbursed Hawaii for only half the cost of only the Category A students, the federal share would be $23.1 million. This is $7.5 million more than $15.6 million we expect to receive this year.

While we believe that public education is a state responsibility, federal laws such as P.L. 94-142 for handicapped students, federal regulations such as those issued by the Office of Civil Rights for Limited English Proficiency students, and federal activities such as the movement of military personnel, all contribute directly to the increasing cost of public education for the states. Because of this, it is incumbent on the federal government to pay their fair share of the cost of public education.

The last few years have been difficult years for the public schools. While there have been severe cutbacks in state and federal funds, there have also been mounting criticism to improve the performance of public schools. In the face of dwindling resources, it has been difficult to improve the quality of our educational programs. However, we are doing our best to stem the tide. Meanwhile we urge you, our Congressional leaders, to increase the financial support for public education so that the United States can regain its status as the world's educational leader.

Aristotle so wisely observed: "All who have meditated on the art of governing mankind have been convinced that the future of states, empires, or nations depends on the education of youth."

STATEMENT OF MILES KAWATACHI

EDUCATION OF HANDICAPPED ACT, P. L. 94-142

The Hawaii Department of Education is committed to ensuring a free appropriate public education to all handicapped children in the State of Hawaii. We have been challenged, as you have been, in delivering on the promises of Public Law 94-142, the Education of All Handicapped Children Act.

We have, I believe, with Federal assistance; through interagency cooperation and collaboration; and because of concerned parents, dedicated educators, and a supportive Legislature and Executive been able to fulfill those promises.

Since 1976 and the impetus provided by P. L. 94-142, the number of children identified and served in special education have increased from 4,500 to 12,600 students and the amount of State,funds directed to meet their individual needs have increased from $12.5 million to approximately $30 million. Federal funds to initiate, expand, and improve special education and related services have increased from $1.3 million to approximately $3.6 million.

The federal funds received by the Hawaii Department of Education include: P. L. 94-142, Part B, to assist the department in the provision of supplementary programs and services related to the identification, evaluation, program, and placement of handicapped students in regular schools. 98% of our special education students are served on regular school campuses. The $3 million grant is used for the ongoing search for unserved children; the provision of additional classes for 3 and 4 year old pre-school handicapped students; demonstration projects to meet unique needs of individual students, classes, and schools; support services to special and regular education teachers; and in-service training of parents and school personnel.

P. L. 89-313 funds to supplement the special education and related services of handicapped children in special education schools, contracted private agency schools, and other public agency programs. Beneficiaries of this grant include 300 students presently enrolled in these schools and programs and 300 additional students presently enrolled in regular schools, but who previously attended a special education school. The $400,000 grant is used on a project basis to meet the unique needs of the 600 students and their schools.

P. L. 94-142, Part D, to support the department's personnel training efforts, including summer traineeships, workshops for diagnostic personnel and teachers of the hearing and visually impaired, and a joint Department of Education-University of Hawaii statewide training program, Project Hookoho. The program conducts about 100 competency-based module workshops for special and regular education teachers, administrators, parents, and related service personnel annually. The $60,000 grant provided training to 1,600 persons in the 1982-83 school year.

The department has also been awarded a discretionary grant and a contract related to the education of handicapped children. A $50,000 State Implementation Grant supports a pre-school handicapped developmental project to review the implementation of our pre-school handicapped program, refine services, and develop materials as appropriate. An $85,000 Special Education Programs contract supports a research project to review the department's programs and services for the severely handicapped and to design program improvements for the deaf-blind, severely-multiply handicapped, and severely retarded.

Federal funds have contributed significantly in assisting the State to ensure that handicapped children ages 3 to 20 are provided appropriate educational opportunities that will enable them to learn, to develop, and to grow in becoming independent and contributing members of our community.

The Federal laws and regulations, specifically P. L. 94-142 and Section 504 of Vocational Rehabilitation Act of 1973, have also significantly affected services and procedures related to the education of the handicapped. The requirements concerning individualized educational program (IEP) planning, parental involvement, and provision of services in the least restrictive environment when appropriate have enhanced the education of the handicapped. Other requirements such as the highly prescriptive due process procedures and the lack of clarity in definitions such as FAPE and related services have prompted courts throughout the country to further regulate the education of handicapped children.

We have and will continue to support the fundamental premises of P. L. 94-142. The dramatic implementation and quality of special education in this statewide school system reflect our commitment to the principles of the federal law.

There is much more to be done. In pursuit of excellence in the education of the handicapped, we must improve our partnerships with parents and the community; develop collaborative arrangements with regular education programs; and facilitate the transition of special education students into post-school programs and services for the handicapped.

During this period of increasing costs and budgetary constraints and as we seek innovative means of interagency funding of services within the state, we would remind the Federal government of its promise in P. L. 94-142, its financial commitment to assist states at 40% of the national average expenditure per public school child. With continued and increased Federal assistance and the Federal-State partnership we have forged in the education of handicapped children, we will be able to keep our promises and to further ensure the quality of education and the quality of life for our children.

STATEMENT OF MOSS IKEDA

Education Consolidation and Improvement Act (ECIA), Chapter 1
P.L. 97-35, as amended by P.L. 98-139

A. Program Description

1. Under Chapter 1, the federal government provides funds to support supplementary educational services in the basic skills for educationally disadvantaged students. Schools are selected for participation in Chapter 1 based on the concentration of economic deprivation. Once a school has been identified as an eligible Chapter 1 school, students within that school are selected for participation in the program based on educational disadvantagement.

2. For school year 1983 -84, our Department received a grant allocation of $8,538,798. This grant is used for providing direct services to eligible students and for the administration of the program.

3. Chapter 1 supplements the State's general education program by augmenting the basic skills development of 9,182 eligible students in 68 elementary and 17 secondary schools throughout all seven districts in the State.

B. Status Report

1. This year marks the nineteenth year of funding under Chapter 1 which was formerly authorized under Title I of the Elementary and Secondary Education Act (ESEA) under P.L. 98-10 and P.L. 95-561. Chapter 1 escaped the severe federal budget cuts and "blocking" of various programs into Chapter 2. Under ESEA Title I, achievement data was aggragated at the national level to show the effectiveness of Title I services throughout the country.

2. Over the years, the program has been extensively evaluated by an external evaluator in terms of student achievement. The results have consistently indicated positive gains by students throughout the state. Statewide achievement data for the past several years have shown that students who participated in the program have consistently made achievement gains. There has been an increase in the *normal curve equivalent (NCE) gains in the past three years as shown below:

1979-80	1980-81	1981-82
6.7	7.0	7.3

C. Major Concerns and Recommendations.

1. Continued support of Chapter 1 by our Congressional delegation is vital to ensure that our educationally disadvantaged students presently being served by federal funding continue to receive these services. Fortunately, Chapter 1 has been reauthorized under P.L. 98-139 and the projected allocation for Hawaii for 1984-85 is $9,798,810 which is over $1.1 million dollars more than we are receiving this year, for a 14% increase. This is the kind of support we appreciate.

2. The State of Hawaii sincerely appreciates the present mood of the federal government to allow states more flexibility in the administration of Chapter 1. The law and non-regulatory guidance, along with the recently passed technical amendments give the states the desirable flexibility in developing their own state guidelines to administer the program at the local level.

3. Secretary of Education Terrel Bell has emphasized program improvement in Chapter 1. We in the State of Hawaii fully concur with and support the Secretary's effort, and since we have reached a point in time where we have compliance under control, we are ready for program improvement effort. In line with this, we have received a grant of $26,000 under the "Secretary of Education's Initiative to Improve the Quality of Chapter 1 Projects." We are in the process of developing a procedural guide for program improvement through State Education Agency (SEA) monitoring. This procedure will be

*These NCE gains are roughly equivalent to a 7 percentile gain by students as a result of the Title I/Chapter 1 services they received.

pilot tested in Maui District and a guidebook will be prepared for dissemination at both the local and national levels.

4. Financial and compliance audits have been delegated from the federal audit agency to the single/organization-wide audit to be conducted at the SEA level. Hawaii's most recent financial and fiscal audits were conducted by a local accounting firm for fiscal years 1978-82. They found in their audit that the State's Chapter 1 program met all federal fiscal and compliance regulatory standards.

5. The State of Hawaii is highly appreciative of the financial assistance provided by the federal government to assist our educationally disadvantaged students increase their competence in the basic skills. We highly recommend that Chapter 1 continue to be funded to ensure that those students who are serviced by the program have equal access to educational opportunities.

STATEMENT OF LARRY INABA

A. Program Description

The rapid development and impact of technology greatly affect the lives of every person in our society today, but even more so that segment of young people whose skills, intelligence, and judgment have not yet been adequately developed. Hence, there is an urgent need now, and in the years ahead, to prepare these young people with an adequate education to meet the requirements needed to fill the vast number of jobs spawned by modern technology.

Hawaii's basic philosophy of Vocational-Technical Education is to prepare the vast number of young men and women to cope with the extraordinarily wide range of responsible jobs that must be filled. It is to perform this particular mediating task that Hawaii's Vocational-Technical Education program was developed in our state.

The total Vocational-Technical program is designed to offer three subprograms to fulfill the needs, wishes, and potentialities of differing individuals in their preparation for the opportunities that exist today and will exist tomorrow in the world of work. Basically, all three programs are designed to increase the options available to high school students. These options are: (1) to take employment at entry-level jobs; (2) to move toward occupational specialization at community colleges, trade and technical schools, or in apprenticeships; and (3) to continue on into preparation for professions.

Each of the three programs has its own specific emphasis although the common elements among them are the actual occupational experiences and a balance of academic subjects to go along with these experiences. The three programs and a brief description of each are:

1. The Pre-Industrial Preparation Program - This program is primarily for the underachieving, disadvantaged students and focuses on the improvement of basic verbal, mathematical and scientific skills through correlating them with concrete occupational experiences. It is programmed to help these students to see the importance and usefulness of academic skills in performing job tasks related to their occupational training.
2. The Introduction to Vocations Program - This program is guidance oriented and includes knowledge about possible career opportunities as well as actual occupational training offered in various clusters of occupations. This program is for students with varying abilities, interests, and aptitudes as opposed to any one level of ability. In other words, a student with scientific aptitudes may pursue his interests in a highly technical field of work while another who likes to work with people may pursue opportunities in the social services.
3. The Occupational Skills Program - This program is designed to develop specific job skills through short term, intensive training courses and is designed for the handicapped students enrolled in high schools. The special education teacher and the occupationally competent instructor work together to help these students become employable.

The occupational experiences for the above programs are all available to an individual in eight large clusters of occupations. They are: (1) Business Occupations; (2) Personal/Public Service Occupations; (3) Health Occupations; (4) Food Service Occupations; (5) Electrical/Electronics Occupations; (6) Construction/Civil Technology Occupations; (7) Mechanical Occupations; and (8) Technical Graphics Occupations.

The State of Hawaii usually receives about 2.8 millon dollars of PL 94-482 Vocational Education funds of which the Department of Education receives about 1.2 million dollars to support its programs. At the present time, vocational education funds are used to serve 47,178 students throughout the state.

B. Status Report

Hawaii's secondary Vocational-Technical Education program is unique in that it is still in its infant stages. Unlike its counterparts in the other 49 states, Hawaii's secondary Vocational-Technical Education program was only implemented in 1969. Prior to 1969 the secondary schools offered only a few courses in Vocational Agriculture and some high level Business Education courses. The rest of the courses were considered to be Practical Arts courses.

In 1969, federal funds were used to implement a newly designed Vocational-Technical program in three high schools. Today, all high schools throughout the state offer Vocational-Technical programs. These programs are funded through federal and state funds.

The success of any Vocational-Technical program can best be measured by employer satisfaction for they are the beneficiaries of our products. During the past 5 years, employer satisfaction surveys were conducted by the University of Hawaii. Through questionnaires as well as interviews of large, medium and small business and industry establishments within the state, opinions on high school vocational graduates were acquired. The total number of people employed by the firms was 11,826. The responses were highly positive. Ninety-four percent of the total number of employers sampled indicated that those employees who had taken occupational training in high school were better prepared for the world of work than those without such training. Seventy percent of the employers also rated their high school new hires who had vocational education as "satisfactory" or "good" in the area of "technical knowledge."

Employers were also asked to evaluate their new hires against 11 criteria which are frequently used in employment evaluations. (i.e. work attitude, work quality, safety, dependability, etc.). The mean rating for all categories was 3.5 on a five point scale.

The very positive results were indeed gratifying to all the secondary vocational educators.

C. Major Concerns and Recommendations

Hawaii is a small state and amount of Vocational Education funds received by the state is also small. However, the cost for providing quality Vocational Education programs keep escalating from year to year Hence, if Vocational Education funds are curtailed to any extent, the programs and services to our clientele, the young people of our state, would be jeopardized. Therefore, we would like to ask for your support in increasing the level of funding for Vocational Education, or at the least maintain the FY 83 level of funding for Vocational Education.

STATEMENT OF RICHARD PORT

Title: Elementary and Secondary Education Act (Title VII)

A. Program Description

1. Narrative of goals and objectives

The Elementary and Secondary Education Act (ESEA) Title VII funds which have been provided by Congress enable the Hawaii Department of Education to develop and improve its capacity to meet the educational needs of limited English proficient students. Title VII project activities include direct services to limited English proficient (LEP) students, materials development, the training of staff, testing of instructional strategies and models, developing evaluation designs, improving parent involvement, as well as providing technical assistance and support.

2. Amount of funds received

The Department has received $1,227,973 in grants and contracts for the current fiscal year. This complements $4,049,506 in state appropriations for students of limited English proficiency.

3. Size of program

Hawaii has approximately 1,500 students being assisted by Title VII basic projects. In addition technical assistance and training are provided statewide.

B. Status Report

1. Highlights of the program

The department currently has six Title VII grants and one contract. The grants are for projects which range from one assisting LEP students ages 3 to 6 to get a "good" start in learning to a project for newly arrived high school students who may be experiencing difficulty in meeting Hawaii's graduation requirements. The grants involve developing leadership in Bilingual Education at state and district levels as well as training of classroom teachers and educational assistants.

The Department has recently been awarded a contract to establish a Bilingual Education Multifunction Support Center in Hawaii which will assist Hawaii and American Samoa to develop local capacity which will enable the two school systems to provide better services to limited English proficient students. Previously Hawaii had to rely on a mainland based support center.

2. Benefits derived from the federal financial assistance

   Hawaii has the highest percentage of immigrant students in the nation. The scope of the problem is increased by the fact that these students come from such a large number of ethnic groups. The funds which Hawaii has received through Title VII of ESEA have enabled Hawaii to make dramatic improvements in the materials and strategies available to our schools and increase the knowledge and abilities of our teachers in meeting the needs of limited English proficient students.

C. Major Concerns and Recommendations

1. Federal role and assistance

   The Department has appreciated Congressional support for Bilingual Education. There is need for increased funding for this program.

2. Recommendations

   The Department makes the following requests:

   a. that Congress continue to fund Bilingual Education as a separate program outside of the Education Block Grant.

   b. that Congress oppose any cutback in funding for this program, and make every effort to increase funding as the economic picture improves.

c. that Congress oppose any change of rules governing Bilingual Education grants which would reduce or eliminate bilingual education strategies from grant awards.

d. that Congress seek to reduce the paperwork and bureaucratic procedures involved in contracts pertaining to the Bilingual Education Multifunction Support Centers.

STATEMENT OF DR. EVELYN KLINCKMANN

NATIVE HAWAIIAN EDUCATIONAL ASSESSMENT PROJECT

A. Description

The "Native Hawaiian Educational Assessment Project" is a needs assessment study. It stems from the recognition that persons of Native Hawaiian ancestry, as well as other Native Americans, suffer disproportionately from social and educational inequities. Initiatives at the Federal level, led by the Hawaii Congressional delegation, to redress these inequities resulted in Congressional recognition in 1974 of Hawaiians as Native Americans. Subsequently, an Advisory Council on Hawaiian Education was established to conduct an extensive study. When Federal funds for the study were eliminated in 1981, the Kamehameha Schools/Bernice Pauahi Bishop Estate offered to underwrite the costs of the study. The July 1983 report, "Native Hawaiian Educational Assessment Project," is the result.

The Project had two goals: (1) to identify the unique educational needs of Native Hawaiians and (2) to identify effective Native American and local programs that could meet the unique educational needs of Native Hawaiians. The study used a multi-level "ecological model" in examining the many factors which influence the child's world. A critical parameter of the study was an "Educational/Academic Emphasis: Each aspect of the study was to be related to educational needs: either through conditions which would lead to educational deficit or through conditions which would be amenable to educational intervention."

From data sources which included testimonials, numerical and statistical social indicators, and studies conducted by a variety of social scientists a comprehensive description of needs was developed. The needs were grouped into two broad categories with subcategories:

- Special Education Needs
    - Socioeconomic status
    - Physical Health
    - Mental Health
    - Alienation
    - School system barriers
- Culturally Related Academic Needs
    - Problems at the interface
    - Barriers in Hawaiian culture
    - Barriers in dominant culture
    - Cultural preservation.

B. Status Report

Since the Project was a needs assessment study, the participation of the Hawaii Department of Education consisted mainly in providing information for the study. Now that the report of the study is available, the Department's responsibility becomes one of using the findings in the report to identify ways to improve education for students of Hawaiian ancestry.

The most obvious conclusion to be drawn from the study is that the needs of students of Hawaiian ancestry are multi-faceted and complex. Another conclusion is that education in the broad sense, and schools in particular, must be the vehicle for addressing those needs. This conclusion is implicit in the design of the study because of the critical parameter quoted in the preceding section. Even though the methodology of the study acknowledges (on p. iv) that "events at the state or even national level have a definite inter-relationship with the microsystem of the classroom," and that "this meant that the search for educational needs of Hawaiian children had to be sensitive to historical as well as other large-scale events and trends," the concern we must address now is how should the schools attempt to redress the long-standing inequities?

First we should highlight some efforts that currently exist. Many of the conditions stated in the report have been noted previously by sensitive teachers who have sought to respond to children in ways that might be culturally appropriate. With the initiation of the state-funded Hawaiian Studies program, training in culturally appropriate techniques is provided as part of kupuna/teacher training. (Kūpuna are Hawaiian speaking elders.) Other examples are the variety of cooperative efforts which the Department has undertaken with other groups such as Kamehameha Schools Extension, Queen Liliuokalani Trust, and Alu Like. Recently OHA funded a position of kūpuna coordinator to assist in recruitment and training of kūpuna for the Hawaiian Studies program.

The Kamehameha Schools Early Education Program (KEEP) has been conducted in cooperation with the Department for several years and this past year expanded to additional schools.

A new effort of the Department initiated by the 1982 State Legislature is Early Provisions for School Success (EPSS). This year, the program serves all kindergarten and first grade children and, if funding is provided, will be expanded to all second grade students next year. The results of the program as shown by evaluations of student learning and developmental progress are excellent. The program emphasizes assessment of each child in five developmental areas, instruction based on students' strengths and needs, a record of each student's progress, and parent involvement. A new component to be introduced spring semester 1984 is a handbook on cross-cultural understanding. The handbook will be used in inservice training to develop awareness of behavior patterns and values of Hawaiian, Samoan, and Filipino children and the implications of these cultural characteristics for educational practice.

EPSS is designed for all students. However, because instruction is individualized, because schools are assisted to provide for the unique characteristics of their students, and because of extensive parent involvement, there is room within EPSS for variations that are particularly appropriate for Hawaiian students as well as for other cultural groups. As we analyze information from the first year's efforts and work with individual schools to provide the most appropriate instruction for their students, we anticipate greater gains in learning among Hawaiian students than has been the case in the past. Since EPSS and KEEP have many common operational principles, we will be discussing with KEEP personnel how results of their work might enhance instruction in EPSS schools with a large proportion of Hawaiian students.

Other examples of efforts to assist Hawaiian students are various special needs programs. Programs and services under Chapter 1, Comprehensive School Alienation Program (CSAP), Students with Limited English Proficiency (SLEP), Education for the Handicapped, and Family Court have included Hawaiian students.

1. Chapter 1 eligible schools are often found in areas where there are large concentrations of Hawaiian students. The federally-supported supplementary program is intended to provide educationally disadvantaged children with successful academic experiences, to develop basic skills, and to develop feelings of worth as individuals.

2. CSAP has a number of jointly funded projects with Hawaiian agencies such as Queen Liliuokalani Trust and Kamehameha Schools. Cooperative, jointly funded alternative learning centers are found in Hawaii District (Hale O'Ho'oponopono), Maui District (Molokai Hawaiian Academy of Knowledge), and Central District (Malama O Keola). Kamehameha Schools provide funding and personnel for these alternative learning centers because of the high percentage of Hawaiian students enrolled.

   Queen Liliuokalani Children's Center supports alternative learning centers on Molokai and Windward District because of the high concentration of Hawaiian students. As an example, the QLCC site at Kahaluu is used as the site of the Kahuku High School ALC and offers the use of the facilities for classrooms, land for farming, vans for transportation and staff for teaching Hawaiiana.

3. An example of SLEP services for Hawaiian students is provision of Hawaiian language speaking staff at Waimea Canyon School to serve Hawaiian children from Niihau whose native language is Hawaiian. The services are funded under ESEA Title VII. Additionally, the Department will be submitting an application for ESEA Title VII

Bilingual Education funding for a Hawaiian Creole project. This project proposes to work with Hawaiian Creole speaking children in their development of their standard English language skills.

4. The Department data reaffirms the overrepresentation of Hawaiians and part-Hawaiians in special education. As the overrepresentation in specific learning disabilities may result from cultural, environmental, and economic factors, a review of the criteria is being conducted which considers these factors. The overrepresentation of Hawaiian children who are physically handicapped (crippled, hearing impaired and visually impaired) may be reflective of health needs as indicated in the report.
5. In addressing the dropout and abuse rate of the report, counseling of students needs to be intensified to encourage students to remain in school; and where attendance problems persist, early identification and prompt referral for Family Court assistance should be pursued.

Services for Hawaiian students are an integral part of special needs programs. The Native Hawaiian Educational Assessment Project Report provides important data regarding their special educatinal needs and culturally related academic needs upon which to develop program improvement.

Although the Department of Education has many efforts under way to address the needs of Hawaiian students, much more must be done. The findings of the "Native Hawaiian Educational Assessment Project" will receive wide dissemination throughout the Department. Awareness sessions may be warranted to ensure that teachers and administrators serving Hawaiian students will know of the findings. In addition, two types of activities should provide for improved services and instruction to Hawaiian students.

During approximately the past ten years, the Department has institutionalized its Foundation Program in order to equalize educational opportunity throughout the state. Now it is time to examine the Foundation Program programs and services to determine how variations within it might better serve the needs of various groups: diversity within a clear framework of principles, standards, and guidelines may better provide equal educational opportunity than sameness of specific courses of study. A major study of the Department's Foundation Program is currently under way; its results should help us provide equality with the highest quality education for all students through greater diversity in delivery of services.

A second major type of activity which should be undertaken entails considerable cooperation among agencies to provide services to Hawaiian youngsters and adults. The great variety of needs identified in the Assessment Project suggests that the school and its local community might become the focal point for coordination of existing resources that are provided by different state agencies and federal programs. A major interagency effort among government departments and community groups could result in a greater impact on the needs of Hawaiian youngsters and their parents than is currently the case. Such an effort should, however, have substantial community involvement in identifying needs and services for that community.

C. Major Concerns and Recommendations

Federal assistance is needed if the State of Hawaii and the Department of Education are to provide for the needs of Native Hawaiians. Several recommendations follow which identify some ways in which federal assistance could be provided.

1. It is recommended that there be adequate Federal funding for programs required by Federal law. For example, at the present time services for students of limited English rpoficiency are required by Federal law, but are largely funded by the state.
2. It is recommended that Federal laws pertaining to education be reviewed to provide clear goals for federally-funded programs but greater flexibility in delivery of services. A recent book by Richard Elmore, Complexity and Control: What Legislators and Administrators Can Do About Implementing Public Policy (Washington D.C., National Institute of Education, 1980) points out that in the past federal and state agencies have enacted laws which specify objectives in great detail with volumes of regula-

tions pertaining to delivery. What has been accomplished is the accumulation of a great amount of documentation complying with the regulations but with relatively little change in services. While this may be an unduly harsh conclusion, it is well known that the burden of documentation has added greatly to the cost of education. Initiatives from the federal and state levels are still needed, but greater emphasis should be placed on encouraging different, locally developed responses to those initiatives.

3. It is recommended that P.L. 94-142 pertaining to education for handicapped students be reviewed and revised. There are three areas of concern: the extensive paperwork which the law requires; the blurring of the distinction between education and civil rights laws; and the distinction between appropriate education and related services. These major features of the law create exceptional documentation burdens on special education teachers, result in confusion among agencies which should be cooperating in providing services, and invite costly and time-consuming litigation. In spite of these shortcomings, special education has accomplished a great deal but at a much greater cost in professional time and salaries than may be necessary. (See the Fall 1983 issue of Footnotes published by the Education Commission of the States for a review of P. L. 94-142.)

Thank you for your leadership and support in providing for the educational needs of all students in the State of Hawaii.

STATEMENT OF HAROLDEEN WAKIDA

Senator Weicker and members of the Subcommittee on Labor, Health Human Services, and Education. My name is Haroldeen Wakida, and I am President of the Hawaii State Teachers Association, the union which represents over 9,000 public school teachers, kindergarten through 12, in our state.

At the outset of my testimony, I bring you greetings, Senator Weicker, from Connecticut Association President Bob Eagan. He asked me, personally, to convey his regards to you and to indicate that the Connecticut Education Association shares our admiration of you as a stalwart defender of public education in America. President Eagan knows that the State of Connecticut is well served by your presence in Congress, as we know and are grateful for the support we have constantly received from the four outstanding men who represent Hawaii in Washington.

As you are no doubt aware, the vast majority of funds for education in the State of Hawaii comes from our state general fund. However, tens of millions of dollars also come from the federal government in a variety of ways for a variety of programs. And as you also know, there is never enough money to do the job adequately.

The HSTA supports the proposed American Defense Education Act (H.R. 881; S.553). The American Defense Education Act provides for federal financial assistance to local education agencies to improve instruction and achievement in mathematics, science, communication skills, foreign languages, technology, and guidance and counseling at the elementary, secondary and post-secondary levels. We believe it to be a necessity, and we are grateful to you and your colleagues for the strong support you are providing to that end.

We will receive in the school year 1984-85 approximately $17.8 million in aid to the handicapped in vocational and adult education support and for a number of other critical programs. Perhaps the most basic funding device, however, in our state, where we depend on the federal government for assistance, is in the arena of impact aid. Tens of thousands of students in our public schools in Hawaii are dependents of federally connected workers, most of them in the military.

Recently, as you are well aware, the 98th Congress amended the Education Consolidation and Improvement Act of 1981 to allow our school district in Hawaii to receive federal impact aid funds as if the department were composed of seven school districts. Under the old formula, we were in grave danger of losing those impact aid funds, because, when taken as a whole, our state population did not meet certain formula considerations for funding. However, in one of our seven districts,in Central Oahu, well over 30 thousand youngsters--a very significant percentage of the total in the district--are federally connected. Because the law was changed, Hawaii will receive some $15.6 million in federal impact aid. This money is a godsend to our state and without it our already large classrooms would be further burdened because the state would simply be unable to afford to continue to educate children as it now does because hundreds of teachers would have had to be laid off. We are well aware of your active part, working with Senator Inouye in persuading the Appropriations Committee to make an exception for Hawaii, thereby increasing the appropriation.Impact aid has been, is now, and will continue to be of critical importance to our schools, and we urge your continued support for impact aid to Hawaii's public schools.

The federal role in assisting the state and local jurisdictions in providing a good education to children continues to be critical. We believe, as does our national affiliate, the National Education Association, that the federal role should be significantly enhanced to the point where it is funding public education in our nation at the 30% level. We would urge that education be given a priority in line with the priority assigned to national defense, because we believe that our public education system cannot reasonably be separated from the defense needs of the nation. A well-trained and well-educated citizenry is essential to the defense of the nation, and as such, the federal role in funding for that education must be consistent with our goals of national peace and prosperity.

As a member of the State Advisory Committee Education Consolidated Grant Program (Chapter 2), I am aware of federal legislation that has been introduced in Congress to reestablish the Emergency

School Aid Act (ESAA) as an independently funded education program.

House measure, H.R. 2207, approved June 7, 1983, would reinstate a school desegregation aid program that is currently incorporated in Chapter 2 of the Education Consolidation and Improvement Act of 1981. Under the House measure, the resurrected ESAA would be funded at $100 million a year from Chapter 2 appropriations. The new ESAA will be a competitive grant program with no allowances for basic state grants. The main reason is to insure that funds would go only to those large urban school districts undergoing desegregation.

The NEA and the HSTA do not oppose the reestablishment of ESAA provided that separate funds are appropriated in support of this program. The Hawaii State Teachers Association, however, strongly opposes the proposed measure of funding ESAA at the expense of Chapter 2.

Hawaii is one of the fourteen smaller states being given a minimum allocation of $2.2 million under Chapter 2. To cut Chapter 2 appropriations by $100 million would reduce Hawaii's allocation of the current allotment. This reduction would seriously affect our elementary and secondary programs, especially in basic skills, gifted and talented, and the development of our computer literacy program.

I understand that the Senate Subcommittee on Education, Arts and Humanities will mark up its version of S. 1256 this fall. We strongly solicit your support in opposing the passage of the ESAA program in its present form.

Thank you for the opportunity to have addressed this group today. I hope your stay in Hawaii will be a pleasant and memorable one.

STATEMENT OF NOBORU YONAMINE

Mr. YONAMINE. Thank you. Good morning, Chairman Weicker and Senator Inouye. I'm sure we won't get that wrong here. I am Noboru Yonamine, and as the chairman of the State board of education it is my privilege to extend aloha to you from the 13 elected members who constitute the only school board in this State.

We appreciate the fact that the Subcommittee on Labor, Health and Human Services, and Education has come to Hawaii for this hearing. It is important that the Congress and all arms of the Federal level of Government fully understands that Hawaii is unique in many ways. Ours is the only State with a unified statewide public school system, governed by one board of education, and, with the exception of specific Federal programs, funded entirely by the State.

Because we have a single statewide system, it is a large one serving a population with an unusual diversity of interests and needs. Our schools serve children in remote rural areas, as well as those in the metropolitan area of Oahu and the military installations. Our schools and our people are separated geographically by islands, and each has its own characteristics, its own flavor of life.

Accordingly, to facilitate the provision of the educational services in these different communities, our school system is also divided into seven administrative districts, although all come under the governance of the State.

We believe that this structure and system for funding education enables us to equalize educational opportunity throughout the entire State to a greater extent than is possible in any other State, while, at the same time, giving us the ability to address the particular needs of each area.

Hawaii is different in other ways, as well. Our population is multicultural and multilingual, but no one ethnic group constitutes a majority. We have the highest per capita immigration rate of any State, and we have within our student body native speakers of more than 40 different languages and dialects. We also serve a large indigenous population of Hawaiians and part Hawaiians—a growing group, which is experiencing a great renaissance of interest in its own cultural values, traditions, and language.

Public education faces great challenges in this State, and we are moving ahead simultaneously on several fronts, not only to address existing needs, but also to anticipate and prepare for the future. Some of the details of what we are doing will be presented during this part by members of the board of education, Dr. Young, and by our superintendent, Dr. Donnis Thompson, who will also cover major Federal programs.

We hope these presentations will provide you with good insight into the status and needs of public education in Hawaii, especially with respect to the role of the Federal Government.

Senator Inouye and Hawaii's other Members of Congress represent us well, and we are thankful for their strong support. We are particularly appreciative of Congress' long history of support in our public schools and all legislation affecting the quality of life. In this case I believe it is important that the record of this subcommittee include the overview that I have presented, and it is crucial that good understanding and close cooperation between the Federal and State levels continue, if Hawaii is to deal successfully with the challenges that lay ahead.

So, thank you very much.

Senator WEICKER. Thank you very much.

Dr. Young?

STATEMENT OF NANCY FOON YOUNG

Dr. YOUNG. Chairman Weicker and Senator Inouye, my name is Nancy Foon Young, and I'm a member of the Hawaii State Board of Education. It is indeed a pleasure today to address this subcommittee and to share what we, the board, are doing to further public education in Hawaii.

The board believes that quality schools and libraries are important avenues for developing each person's potential to the fullest and creating a better society in which to live and function.

As elected State officials, and public servants and representatives in education, the board of education members documented and publicized their commitment in a publication entitled "The Goals and Objectives of the Hawaii State Board of Education for the Eighties."

We view the document as a living document, and it has been used as the basis for the superintendent's directions and also the specific goals and objectives of each of the seven administrative divisions. It is also annually reviewed.

This document identifies the mission of the public schools, the mission of the public libraries, the mission of the Hawaii State Board of Education, and goals and objectives to provide directions for the State department of education.

The goals and objectives, in turn, cover the areas of governing the system, administering the system, providing instructional and informational services, providing institutional support services, and reviewing organization.

A few examples of goals and objectives in the area of governing the system includes seeking enabling legislation, such as lump-sum operating and capital improvement budgets at the board level. We are seeking new and broad opportunities for advisory councils and library commissions to assist the board. We are seeking the support of Hawaii's congressional delegation, the Governor, the State legislature, and other organizations to preserve and increase funding for programs and services that benefit students directly.

A few examples of goals and objectives in other areas that we are currently implementing includes establishing guidelines for grade to grade promotions, providing comprehensive library services of high quality to further educate and enrich the lives of our people, providing a broad but well balanced curriculum related to the times and needs of students, increasing the use of electronic media and materials, expanding library services to the handicapped and others with special needs, assuring the students and the library patrons and staff safety, and upgrading and expanding current automated support systems.

Let me highlight just one activity that is currently in progress, to illustrate the implementation of a stated goal or objective. To renew the organization a joint board of education and board of regents study has started. This study is to be titled "Hawaii, Toward Excellence, Early Childhood to Adult Education." This joint venture should result in providing improvements or reforms in public education in Hawaii at all levels, enhancing cooperation between the department of education and the University of Hawaii system, and articulating mutual concerns in public education.

There have been seven task forces established on content, standards, and expectations, structure of time, teaching, leadership, fiscal support, and communications, research and environment filled with top educators from all levels in Hawaii, including the private schools. The final report will be disseminated locally and nationally about December 1984.

Thank you for this opportunity to share Hawaii's Board of Education's efforts to improve education with you, and we urge you to join us in a commitment to make the goals and objectives of the Hawaii State Board of Education further a reality.

Senator WEICKER. Thank you very much. Dr. Young.

Dr. Thompson.

STATEMENT OF DONNIS THOMPSON

Dr. THOMPSON. Chairman Weicker, Senator Inouye, good morning. I'm Donnis Thompson, superintendent of education for the State of Hawaii.

Thank you for giving us the opportunity to brief the Subcommittee on Labor, Health and Human Services, and Education on the subject of public education in Federal education programs in Hawaii.

Since its beginning in 1840, as one of the earliest public school systems in America, education has been given high priority in Hawaii. Before the National Commission on Excellence in Education report was issued we had recognized the need to take new steps to improve the quality of education provided to the children of Hawaii, to better meet their needs in an increasingly sophisticated society. The board of education has already adopted comprehensive goals and objectives, which were just briefly described. We were already moving in many of the directions indicated by the national report. But we have much to do and much farther to go.

We reviewed the national recommendations and their relationship to the board's goals and objectives and what is already being done in this State, and we put the best of our thinking into a position paper which we call "A Vision of Excellence."

This document represents very simply and clearly our beliefs about the mission of the schools, about learning, teaching, subject matter, and the school environment. It states our commitments to excellence for the students of Hawaii, and the heart of the document describes our concept of ideal schooling at the primary, upper elementary, intermediate, and high school levels.

At the present time our vision is serving as the basis for dialog by all kinds of community groups and persons concerned with education in this State. In a month or so, when feedback from all of these discussions is received, we will come up with a final document that represents a vision and a commitment to quality education that is shared by all the people of this State. Then we will be ready to prepare and implement action plans to bring our vision to reality.

We believe that the responsibility for education also must extend to all levels, national, State, and local. This means we also must have a strong national commitment in the form of high level support for improvement in every school in the United States. We feel that the national level should articulate that position.

I would like, at this time, to mention two areas of particular concern to Hawaii, in which Federal support must be a key element. We are experiencing shortages of teachers in mathematics and sciences, as well as in agriculture, industrial arts, and special education. This is not just a local problem, however. It is a problem faced by the school districts throughout the Nation who are, in fact, competing for the limited support of qualified teachers.

For this reason it is a problem that must be addressed at the national level, as well as by the State and local school systems.

We hear that there has been talk in Congress of possible programs to offer scholarships, loans, grants-in-aid or other forms of financial assistance for training and retraining of teachers for the areas involving the shortage. We believe assistance of this type will be necessary to resolve a very real crisis in education in our country, and we urge your support for such programs.

The other matter that I wish to mention in this portion of my testimony has to do with the common educational concerns of the Pacific Basin jurisdiction. Through a grant from the National Institute for Education to the Northwest Regional Laboratory we have been able to organize a policy board composed of the top education officials from American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, and Hawaii. As a policy board, this group is working together to identify common needs and set priorities for research and technical assistance to be provided by the Northwest Regional Laboratory.

The children of all of the Pacific islands have urgent educational needs which cannot be served in isolation. We are very grateful for the NIE grant which is making it possible for us to work together and to share the expertise of the Northwest Lab, and I want to express my appreciation to you for this Federal assistance. We are pleased that through your efforts, and more specifically those of Senator Inouye, Hawaii has participated well in the Federal funding available.

I would like at this time to ask my staff to assist me in going over some of the specific highlights of the most important programs. First will be the aid for federally impacted areas, and that will be Carl Sakata. Please, Mr. Sakata.

STATEMENT OF CARL SAKATA

Mr. SAKATA. Senator Weicker, Senator Inouye, my name is Carl Sakata, and I'm a budget specialist in the office of the superintendent. We thank you for the privilege of presenting testimony on behalf of the impact aid program and special thanks to Senator Inouye for his successful effort in securing an amendment to treat Hawaii as seven separate school districts for impact aid purposes. We are grateful for this amendment.

Hawaii has participated in the impact aid program from its inception in 1950 when Congress declared it to be the policy of the United States to provide financial assistance to school districts impacted by Federal activities. In 1950 there were 12,200 federally-connected students in our school system. This representd 13 percent of the total school enrollment of 93,903. Today there are 37,120 federally-connected students, or 23 percent of the total enrollment of 161,610 students. Of the 230 public schools in Hawaii federally-connected students are enrolled in 221 or 96 percent of the schools. The high percentage of students who are federally connected is due to national defense and Hawaii's strategic location in the middle of the Pacific Ocean. Military personnel and their dependents comprise about 12 percent of the total State population.

In Hawaii impact aid funds are used for regular instruction, to pay for the salaries of classroom teachers. The $15.6 million Hawaii expects to receive in impact aid funds this year represents only 14 percent of the total cost of $111.3 million to educate the 37,000 federally-connected students. The Federal reimbursement averages out to only $420 per student. This is compared with the $3,000 needed to educate each student this year. Even if the Federal Government reimbursed Hawaii for only one-half of the cost of a category A student, the Federal share would be $23.1 million. This is $7.5 million more than the $15.6 million we expect to receive this year.

While we believe that public education is a State responsibility, Federal laws such as Public Law 94-142 for handicapped students, Federal regulations such as those issued by the Office of Civil Rights for limited English proficiency students and Federal activities such as the movement of military personnel, all contribute directly to the increasing of the public education in the States. Because of this, it is incumbent on the Federal Government to pay their fair share of the cost of public education.

The last few years have been difficult years for the public schools. While there have been severe cutbacks in State and Federal funds, there also has been mounting criticism to improve the performance of public schools. In the face of dwindling resources it has become difficult to improve the quality of our educational program; however, we are doing our best to stem the tide. Meanwhile, we urge you, our congressional leaders, to increase the financial support for public education.

Dr. THOMPSON. Thank you.

Mr. Miles Kawatachi, related to the handicapped program.

STATEMENT OF MILES KAWATACHI

Mr. KAWATACHI. Senator Weicker, Senator Inouye, the Hawaii Department of Education is committed to insuring a free and appropriate public education to all handicapped children in the State of Hawaii. Since 1976 and the impetus provided by Public Law 94–142 the number of children identified and served in special education have increased from 4,500 to 12,600 students, and the amount of State funds directed to meet their individual needs have increased from $12.5 million to approximately $30 million. Federal funds to initiate, expand, and improve special education and related services have increased from $1.3 million to approximately $3.6 million.

The following Federal funds have been received by the department: One, Public Law 94–142, part B, to assist the department in the provision of supplementary programs and services related to the identification, evaluation, program, and placement of handicapped students in regular schools. Ninety-eight percent of our special education students are served on regular school campuses. The $3 million grant is used for State school districts and classroom projects. Two, the Public Law 89–313 funds and projects supplement the special education and related services of handicapped children in special education schools. Beneficiaries of the $400,000 grant include 300 youngsters presently enrolled in special education school and 300 additional youngsters presently enrolled in regular schools, who previously attended a special education school.

Three, Public Law 94–142, part D, to support the department's personnel training efforts, including summer traineeships, workshops, and a joint Department of Education and University of Hawaii, statewide training program, project Hookoho. The program annually conducts about 100 competency-based module workshops for special and regular education teachers and administrators, parents, and related service personnel. The $60,000 grant provided training to 1,600 persons in the 1982–83 school year.

The department also has been awarded a discretionary grant and a contract related to education of the handicapped. A $50,000 State implementation grant supports a preschool handicapped developmental project. And an $85,500 special education program contract supports a research project to review the department's programs and services for the severely handicapped.

Federal funds have contributed significantly in assisting the State to insure that handicapped children ages 3 to 20 are provided appropriate educational opportunities.

Federal laws and regulations, specifically Public Law 94–142 and section 504 of the Vocational Rehabilitation Act have also significantly affected services and procedures related to the education of the handicapped. The requirements concerning individualized educational planning, parental involvement, provision of services in the least restrictive environment when appropriate have enhanced the education of the handicapped.

Other requirements such as the highly prescriptive due process procedures and the lack of clarity in definitions such as FAPE and related services have prompted courts throughout the country to further regulate the education of handicapped children through its interpretation of Federal law. A review of these and other areas of administrative concern is needed.

We are committed to, and will continue to support, the fundamental premise of Public Law 94-142. During this period of increasing costs and budgetary constraints we would remind the Federal Government of its commitment to Public Law 94-142 and financial commitment to assist States at 40 percent of the national average expenditure per public school child. With continued, increased Federal assistance and the Federal-State partnership we have forged in the education of handicapped children, we will be able to further insure the quality of the education and quality of life for our children.

Thank you.

Dr. THOMPSON. Thank you.

The next presentation will be on the Education Consolidation and Improvement Act, more commonly known as chapter 1 and chapter 2. This is Moss Ikeda.

STATEMENT OF MOSS IKEDA

Mr. IKEDA. Chairman Weicker and Senator Inouye, my name is Moss Ikeda, and I'll be reporting on Education Consolidation and Improvement Act, ECIA, chapter 1 under Public Law 97-35. This is called the financial assistance to meet the education needs of disadvantaged students program.

Under chapter 1, the Federal Government provides funds to support supplementary education services in the basic skills for educationally disadvantaged students. Schools are selected for participation in chapter 1 based on the concentration of economic deprivation. Once a school has been identified as an eligible chapter 1 school, students within that school are selected for participation in the program based on educational disadvantage.

For school year 1983-84 our department received a grant allocation of $8.9 million. This grant is used for providing direct services to eligible students and for the administration of the program.

Chapter 1 supplements the State's general education program by augmenting the basic skills development of 9,200 eligible students in 68 elementary and 17 secondary schools throughout all seven districts in our State.

This year marks the 19th anniversary of chapter 1, which was formerly authorized under title I of the Elementary and Secondary Education Act, ESEA. Chapter 1 escaped the severe Federal budget cuts and blocking of various programs from chapter 2, primarily because of achievement data which were aggregated at the national level to show the effectiveness of title I services throughout the country.

Over the years the program has been extensively evaluated by an external evaluator in terms of student achievement. The results have consistently indicated positive gains by the students throughout the State. Statewide achievement data for the past several years have shown that students who have participated in the program have consistently made achievement gains. There has been an increase in the normal curve equivalent gains. This is roughly equivalent to a 7-percentile gain in the past 3 years. In 1979–80 the statewide average gain was 6.7 percent. In 1980–81 it was 7 percent and in 1981–82 it rose to 7.3 percent.

The State of Hawaii sincerely appreciates the present mood of the Federal Government to allow States more flexibility in the administration of chapter 1. The law in nonregulatory guidance, along with the recently passed technical amendments give the States the desired flexibility in developing our own student guidelines to administer the program at the local level.

Financial and compliance audits have been delegated from the Federal Audit Agency to the single, organizationwide audit to be conducted at the State educational agency—SEA—level. Hawaii's most recent financial and fiscal audits were conducted by a local accounting firm for fiscal years 1978 through 1982. They found in their audit that the State's chapter 1 program met all Federal fiscal and compliance regulatory standards.

Secretary of Education Terrell Bell has emphasized program improvement in chapter 1. We have received a grant of $76,000 under the Secretary of Education's initiative to improve the quality of chapter 1 projects. With this grant we are developing a procedural guide for program improvement through SEA monitoring. This procedure will be pilot tested and a guidebook will be prepared for dissemination both at the local and national levels.

The continued support of chapter 1 by our congressional delegation is vital to insure that our educationally disadvantaged students presently being served by Federal funding continue to receive these services. Fortunately chapter 1 has been reauthorized under Public Law 98–139, and the projected allocation for Hawaii for 1984–85 is $10 million, which is over $1.1 million more than we are receiving this year, or a 14-percent increase. This is the kind of support we appreciate.

The State of Hawaii is highly appreciative of the financial assistance provided by the Federal Government to assist our educationally disadvantaged students to increase their competence in the basic skills. We highly recommend that chapter 1 continue to be funded, to insure that those students who are serviced by the program have equal access to educational opportunities.

In addition to the funding received under chapter 1 of ECIA, the department also received $2.2 million in fiscal year 1984 for the improvement of elementary and secondary education under chapter 2 of ECIA. With the recommendation of the State advisory committee the board of education approved the use of chapter 2 funds for curriculum development programs. I will not go into details regarding the chapter 2 program, but the department would like to express its appreciation for these funds which serve as a primary source for curriculum development.

Thank you for this opportunity to present our ECIA chapter 1 and chapter 2 programs.

Senator WEICKER. Thank you.

Dr. THOMPSON. Thank you, Mr. Ikeda.

Larry Inaba will give a brief presentation on the vocational education program.

STATEMENT OF LARRY INABA

Mr. INABA. Senator Weicker, Senator Inouye, we will now present testimony on vocational education, Public Law 94–482.

The rapid development and impact of technology greatly affect the lives of every person in our society today, but even more so that segment of young people whose skills, intelligence, and judgment have not yet been adequately developed. Hence, there is an urgent need now to prepare these young people to meet the requirements needed to fill the vast number of jobs spawned by modern technology. It is to perform this particular mediating task that Hawaii's vocational-technical education program was developed.

The secondary vocational-technical program is designed to offer three subprograms. Each of the subprograms has its own specific emphasis. The common elements among them are the actual occupational experiences with a balance of academic subjects to go along with these experiences. The three subprograms and a brief description of each are:

First, the preindustrial program. This program is primarily for the underachieving, disadvantaged student, and focuses on the improvement of basic verbal, mathematical, and scientific skills through correlating them with concrete occupational experiences.

The second program, the introduction of vocations program. This program is guidance oriented and includes knowledge about possible career opportunities, as well as providing actual occupational training offered in various classes of occupations. This program is for the regular students.

The third program, the occupational skills program. This program is designed to develop specific job skills in short term, intensive training courses designed for handicapped students enrolled in high schools.

The occupational experiences for the above programs are all available to an individual in eight large classes of occupations.

The State of Hawaii usually receives about $2.8 million for vocational education funds, of which the Department of Education receives about $1.2 million at the present time. Vocational education funds are used to serve 47,178 students throughout the State.

Hawaii's secondary vocational-technical education program is unique, because unlike its counterparts in the other 49 States, Hawaii's secondary vocational-technical education program was implemented only in 1969. Prior to 1969 the secondary schools offered only a few courses in vocational agriculture and some high level business education courses. The rest of the courses were considered to be practical arts courses.

In 1969, Federal funds were used to implement the newly designed vocational-technical program in three high schools. Today all high schools throughout the State offer vocational-technical programs. These programs are funded through Federal and State funds.

The success of any vocational-technical program can best be measured by employer satisfaction, for they are the beneficiaries of our product. During the past 5 years employer satisfaction surveys were conducted through questionnaires as well as interviews of large, medium, and small business and industry establishments within the State. Ninety-four percent of the total number of employers sampled indicated that those employees who had taken occupational training in high school were better prepared for the world of work than those without such training. Seventy percent of the employers also rated their high school new hires who had vocational education as satisfactory or good in the area of technical knowledge.

Employers were also asked to evaluate the new hires against 11 criteria which are frequently used in employment evaluation. For example, work attitude, work quality, safety, dependability, and so forth. The mean rating for all categories was about 3.5 on the 5 point scale. The very positive results were indeed gratifying to all secondary vocational educators.

Hawaii is a small State, and the amount of vocational education funds received by the State is also small. However, the cost of providing quality vocational education programs keeps escalating from year to year. Hence, if the vocational education funds are curtailed to any extent, the programs and services to our clientele, the young people of our State, would be jeopardized. Therefore, we would like to ask for your support in increasing the level of funding for vocational education, or at least, maintain the fiscal year 1983 level of funding for vocational education.

Thank you for providing me the opportunity to testify on vocational education.

Dr. THOMPSON. Thank you.

The next presentation will be elementary and secondary education, and Richard Port will be presenting that part.

STATEMENT OF RICHARD PORT

Mr. PORT. Senator Weicker, Senator Inouye, aloha. My name is Richard Port and I will be testifying on the Elementary-Secondary Education Act, title VII.

The Elementary and Secondary Education Act title VII funds which have been provided by Congress enable the Hawaii Department of

Education to develop and improve its capacity to meet the educational needs of limited English proficient students. Title VII project activities include direct services to limited English proficient students, materials development, the training of staff, testing of instructional strategies and models, developing evaluation designs, improving parent involvement, as well as providing technical assistance and support.

The department heads received $1.2 million in grants and contracts for the current fiscal year. This complements $4 million in State appropriations for students of limited English proficiency—LEP.

Hawaii has approximately 1,500 students being assisted by title VII basic projects. In addition, technical assistance and training are provided statewide.

The department currently has six title VII grants and one contract. The grants are for projects which range from one assisting LEP students ages 3 to 6 to get a good start in learning, to a project for newly-arrived high school students who may be experiencing difficulty in meeting Hawaii's graduation requirements. The grants involve developing leadership in bilingual education at State and district levels, as well as training of classroom teachers and educational assistants.

Thanks to the efforts of Senator Inouye, the department has recently been awarded a contract to establish a bilingual education multifunction support center in Hawaii, which will assist Hawaii and American Samoa to develop local capacity which will enable the local school system to provide better services to limited English proficient students. Previously Hawaii had to rely on a mainland based support center.

Hawaii has the highest percentage of immigrant students in the Nation. The scope of the problem is increased by the fact that these students come from such a large number of ethnic groups. The funds which Hawaii has received through title VII of the ESEA have enabled Hawaii to make dramatic improvements in the materials and strategies available to our schools, and to increase the knowledge and abilities of our teachers in meeting the needs of limited English proficient students.

The department has very much appreciated the congressional support in meeting the needs of limited English proficient students.

The department has very much appreciated the congressional support for bilingual education. There is need for increased funding for this program. The department makes the following request: That Congress continue to fund bilingual education as a separate program outside of the education block grant; that Congress oppose any cutback in funding for this program and make every effort to increase funding as the economic picture improves; that Congress oppose any changes of rules governing bilingual education grants which would reduce or eliminate bilingual education strategies from grant awards; and that Congress seek to reduce the paperwork and bureaucratic procedures involved in contracts pertaining to the bilingual education multifunction support centers.

Thank you for this opportunity to report to you on title VII of the Elementary and Secondary Education Act.

Dr. THOMPSON. Thank you, Mr. Port.

To present the highlights of the native Hawaiian educational assessment program is Dr. Evelyn Klinckmann, assistant superintendent of the office of instructional services.

STATEMENT OF DR. EVELYN KLINCKMANN

Dr. KLINCKMANN. Senator Weicker, Senator Inouye, we thank you for the opportunity to present testimony on the native Hawaiian educational assessment project. Since the written testimony is rather long, I would only highlight some major points.

You are certainly familiar with this program, since it was your committee that requested it, with support from the Kamehameha schools, Bishop estate.

To turn to the status of effort related to this project, since the project was a needs assessment study, the participation in it was mainly to provide information. Now that the report is available, however, the department's responsibility becomes one of using the findings in the report to identify ways to improve education for students of Hawaiian ancestry.

The most obvious conclusion to be drawn from the study is that the needs of students of Hawaiian ancestry are multifaceted and complex. Another conclusion is that education in the broad sense, and schools in particular, must be the vehicle for addressing those needs. This conclusion is implicit in the design of the study, because of the critical parameter. Each aspect of the study was to be related to educational needs either through conditions which would lead to educational deficit or through conditions which would be amenable to education intervention. Now we need to address the long-standing inequities.

First let's highlight some of the efforts that currently exist. Some of these efforts are State supported and some of the efforts are federally supported. Our State funded Hawaiian studies program provides training in culturally appropriate techniques through our kupuna teacher-training effort. Other examples are the variety of cooperative efforts which the department has undertaken with other groups such as Kamehameha schools, Queen Liliuokalani Trust, and Alu Like. Recently we have funding from OHA. Funding from OHA supports a position for kupuna coordinator which will assist in the Hawaiian studies program. We also have cooperated over several years with the Kamehameha school's early education program—KEEP.

A new effort which was initiated by the Hawaii State Legislature in 1982 is early provisions for school success—EPSS. The results of this program are, as shown by evaluation of student learning and developmental progress, excellent. One of the new components that will be introduced this year is a handbook on cross-cultural understanding. It will be issued in in-service training to develop awareness of behavior patterns and values of Hawaiian, Samoan, and Filipino children, and the implications of these cultural characteristics for educational practice.

Although EPSS is designed for all students, because instruction is individualized, because schools are assisted to provide for the unique characteristics of their students, and because of the extensive parent involvement, there is room within it for variations that are particularly appropriate for Hawaiian students. Also, since EPSS and Kamehameha schools programs have many common operational principles, we will be discussing with KEEP personnel how results of their work might enhance instruction in EPSS schools with a large proportion of Hawaiian students.

Other examples of efforts to assist Hawaiian students are the various special needs programs which you heard about in detail, so let me just mention those.

First, chapter 1 programs are found in many schools where there are large concentrations of Hawaiian students. Second, there are comprehensive school admission programs, a number of jointly funded projects with Hawaiian agencies. Third, an example of the services provided under the program for students of limited English proficiency is a Hawaiian language speaking school at Waimea Canyon School.

In addition, the Department will be submitting an application under ESEA title VII bilingual education program for a Hawaiian creole project.

Fourth is special education. There is an overrepresentation in specific learning disabilities which, among Hawaiian children, may result from cultural, environmental, and economic factors. Because of this a review of criteria is being conducted, which considers these factors. Also, the overrepresentation in the physically handicapped area may be reflective of health needs as indicated in the report.

Fifth, the dropout and abuse rate shown in the report indicates that we need to make more effort in counseling students and to encourage students to remain in school.

Services for Hawaiian students are an integral part of special needs programs. The native Hawaiian educational assessment project report provides important data regarding their special educational needs and culturally related academic needs upon which to develop program improvement. Although the Department has many efforts underway to address the needs of Hawaiian students, much more must be done. Two types of effort are needed. First, we'll be using within the Department the results of this project to inform all members of the Department of the findings. Second, we are currently examining our foundation program which has been instituted throughout the State. We are now examining it for ways in which more diversity can be provided under that program.

A second major type of effort, however, requires considerable cooperation among agencies to provide services to Hawaiian youngsters and adults. The great variety of needs identified in the assessment project suggest that the school and its local community might become the focal point for coordination of existing resources that are provided by different State agencies and Federal programs. A major interagency effort among Government departments and community groups could result in a greater impact of the needs of Hawaiian youngsters and their parents than is currently the case. Such an effort should, however, have substantial community involvement in identifying needs and services for that community.

We have three major recommendations.

First, that there be adequate Federal funding for programs required by Federal law. At the present time the State provides most of the funding for the program for students of limited English proficiency, as one example.

Second, it is recommended that the Federal laws pertaining to education be reviewed to provide clear goals for federally-funded programs, but greater flexibility in delivery of the services. I refer you to a study published by the National Institute of Education in 1980. The conclusion of that study may not be accepted by all, but it is well known that the burden of documentation has added greatly to the cost of education.

Third, we recommend that Public Law 94–142 pertaining to education of handicapped students be reviewed and revised. There are three areas of concern: The extensive paperwork which the law requires; the blurring of the distinction between education and civil rights laws; and the distinction between appropriate education and related services.

In spite of the shortcomings, special education has accomplished a great deal, but at a much greater cost in professional time and salaries than may be necessary.

We thank you for your leadership and support in providing for the educational needs of all students in Hawaii.

Dr. THOMPSON. Thank you very much, Dr. Klinckmann.

Chairman Weicker and Senator Inouye, our presentations not only gave the status of our Federal programs, but also we have consciously introduced issues that we feel are indigenous to Hawaii. Thank you for your attention and concern, and most of all for your financial support for our educational system. Mahalo.

Senator WEICKER. Thank you, Dr. Thompson.

The last witness on this panel will be Haroldeen Wakida, president of the Hawaii State Teachers Association.

STATEMENT OF HAROLDEEN WAKIDA

Ms. WAKIDA. My name is Haroldeen Wakida, and I am president of the Hawaii State Teachers Association, the union which represents over 9,000 public school teachers, kindergarten through 12, in our State.

At the outset of my testimony, I bring you greetings, Senator Weicker, from Connecticut association president Bob Eagan. He asked me, personally, to convey his regards to you and to indicate that the Connecticut Education Association shares our admiration of you as a stalwart defender of public education in America. President Eagan knows that the State of Connecticut is well served by your presence in Congress, as we know and are grateful for the support we have constantly received from the four outstanding men who represent Hawaii in Washington.

As you are no doubt aware, the vast majority of funds for education in the State of Hawaii comes from our State general fund. However, tens of millions of dollars also come from the Federal Government in a variety of ways for a variety of programs. And as you also know, there is never enough money to do the job adequately.

The HSTA supports the proposed American Defense Education Act—H.R. 881; S. 553. The American Defense Education Act provides for Federal financial assistance to local education agencies to improve instruction and achievement in mathematics, science, communication skills, foreign languages, technology, and guidance and counseling at the elementary, secondary, and postsecondary levels. We believe it to be a necessity, and we are grateful to you and your colleagues for the strong support you are providing to that end.

We will receive in the school year 1984-85 approximately $17.8 million in aid to the handicapped, in vocational and adult education support, and for a number of other critical programs. Perhaps the most basic funding device, however, in our State, where we depend on the Federal Government for assistance, is in the arena of impact aid. Tens of thousands of students in our public schools in Hawaii are dependents of federally-connected workers, most of them in the military.

Recently, as you are well aware, the 98th Congress amended the Education Consolidation and Improvement Act of 1981 to allow our school district in Hawaii to receive Federal impact aid funds as if the department were composed of seven school districts. Under the old formula, we were in grave danger of losing those impact aid funds, because, when taken as a whole, our State population did not meet certain formula considerations for funding. However, in one of our seven districts, in Central Oahu, well over 30,000 youngsters—a very significant percentage of the total in the district—are federally connected. Because the law was changed, Hawaii did receive some $15.6 million in Federal impact aid. This money is a godsend to our State and without it our already large classrooms would be further burdened because the State would simply be unable to afford to continue to educate children as it now does because hundreds of teachers would have had to be laid off. We are well aware of your active part, working with Senator Inouye in persuading the Appropriations Committee to make an exception for Hawaii, thereby increasing the appropriation. Impact aid has been, is now, and will continue to be of critical importance to our schools, and we urge your continued support for impact aid to Hawaii's public schools.

The Federal role in assisting the State and local jurisdictions in providing a good education to children continues to be critical. We believe, as does our national affiliate, the National Education Association, that the Federal role should be significantly enhanced to the point where it is funding public education in our Nation at the 30 percent level. We would urge that education be given a priority in line with the priority assigned to national defense, because we believe that our public education system cannot reasonably be separated from the defense needs of the Nation. A well-trained and well-educated citizenry is essential to the defense of the Nation, and as such, the Federal role in funding for that education must be consistent with our goals of national peace and prosperity.

As a member of the State advisory committee education consolidated grant program, chapter 2, I am aware of Federal legislation that has been introduced in Congress to reestablish the Emergency School Aid Act, ESAA, as an independently funded education program.

House measure, H.R. 2207, approved June 7, 1983, would reinstate a school desegregation aid program that is currently incorporated in chapter 2 of the Education Consolidation and Improvement Act of 1981. Under the House measure, the resurrected ESAA would be funded at $100 million a year from chapter 2 appropriations. The new ESAA will be a competitive grant program with no allowances for basic State grants. The main reason is to insure that funds would go only to those large urban school districts undergoing desegregation.

The NEA and the HSTA do not oppose the reestablishment of ESAA provided that separate funds are appropriated in support of this program. The Hawaii State Teachers Association, however, strongly opposes the proposed measure of funding ESAA at the expense of chapter 2.

Hawaii is one of the 14 smaller States being given a minimum allocation of $2.2 million under chapter 2. To cut chapter 2 appropriations by $100 million would reduce Hawaii's allocation of the current allotment. This reduction would seriously affect our elementary and secondary programs, especially in basic skills, gifted and talented, and the development of our computer literacy program.

I understand that the Senate Subcommittee on Education, Arts, and Humanities will mark up its version of S. 1256 this fall. We strongly solicit your support in opposing the passage of the ESAA program in its present form.

Thank you for the opportunity to have addressed this group today. I hope your stay in Hawaii will be a pleasant and memorable one. Thank you.

Senator WEICKER. Thank you very much, Haroldeen.

Senator Inouye, do you have any questions?

Senator INOUYE. I'd like to make a statement before I ask my next question.

I'm grateful to all of you for your generous words complimenting the Hawaiian congressional delegation. But those of you who may be knowledgeable of the legislative procedure and process in the Congress would soon learn that notwithstanding the eloquence and presentation or the merit of one's proposition, if the chairman of the committee is not favorably inclined, the chances are that proposition would fail.

We in Hawaii have been extremely fortunate in having Senator Weicker as the chairman of the subcommittee. And I wanted the chairman to be here to receive the reports, that's the reason for my invitation to Chairman Weicker, to demonstrate to him that this support and his concern was not misplaced, that all of his efforts in assisting people in the far off Pacific was for good reason and fully justified. And I think most of the accolades that you want to pay, should be to this man here [indicating], because I have been in the Congress long enough to know that you can have the best case, but if for some reason the chairman is not receptive to it, goodbye Charlie. We are lucky we have Lowell Weicker.

Thank you very much.

Senator WEICKER. Thank you.

Senator INOUYE. I'd like to, if I may, Mr. Chairman, just ask a very general question.

In the testimony presented you indicated that we have the largest proportion of immigrants in our school system, larger than any other State of the Union.

Dr. THOMPSON. Yes; that's my understanding, Senator.

Senator INOUYE. And that we have represented 40 different languages and dialects?

Dr. THOMPSON. Yes; we do. In fact, 10 percent of our students are bilingual.

Senator INOUYE. How does that compare with other States?

Dr. THOMPSON. The only two States that would probably be in competition would be California and also Texas, in terms of the Spanish-American constituency.

Senator INOUYE. Where do most of our immigrant students originate?

Dr. THOMPSON. We have them from, of course, the Pacific Basin, which I mentioned, Guam and the Marshall Islands and the Northern Marianas but also Korea, the Philippines, Japan, China. Primarily the Pacific Basin—I'm sorry, not the Pacific Basin, but in the Pacific countries, Asiatic countries.

Senator INOUYE. Do you feel that as a result there's a special burden upon our school system, which is not found in most of the other school systems of the United States?

Dr. THOMPSON. Yes; it's difficult to use the term burden, because sometimes along with the burden it means that you don't welcome those students into the school system. But yes, it does utilize many of the resources that could be utilized in terms of moving toward the culture that we're trying to perpetuate here in the United States and in Hawaii.

Senator INOUYE. What percentage of the graduates of our high schools go on to higher education?

Dr. THOMPSON. We have about—the last information that I have, about 67 percent.

Senator INOUYE. Out of the graduating class of 1983?

Dr. THOMPSON. I don't know about 1983, but it's averaging about 67 percent on to college. We have a large proportion in Hawaii moving on to college.

Senator INOUYE. Does that include noncollege higher education or just college?

Dr. THOMPSON. Well, I'm not sure, let me check on that. Let me find out that information for you, Senator, or get that to you. We also have community colleges and that would be included in the statistics, those that go on to the community college.

Senator INOUYE. In recent weeks throughout the U.S., school systems have been either praised or criticized for the lack of reading proficiency among the students, about high school graduates with an eighth grade reading proficiency. Where do we stand in Hawaii?

Dr. THOMPSON. Well, in terms of the tests that we're giving, the standard for achievement that we give to all of our students in the second, fourth, sixth, and eighth grades, we have moved to the national norms. In fact, for the second, fourth, and sixth grades, we are above the national norms. Our reading scores are not quite as high as our math skills, but still above the national norms.

We found out that the problems that have not been actually addressed earlier in the school system are quite evident as they get into high school, the 8th grade, 10th grade, 12th grade. We found that our eighth grade test scores have gone up and are just below national norms. And we hopefully will have that increased into the 10th grade.

Senator INOUYE. How would you compare the crime situation in our school system with other school systems, such as the use of drugs or the use of violence?

Dr. THOMPSON. Well, we do have problems in that area. But from the statistics nationally, it does not seem that Hawaii has the same kind of dramatic statistics that are prevalent in some of the larger cities across the Nation.

In terms of dropout rate, we range, I believe, less than fourth out of 50 States. Our dropout rate is something like 14 percent, where across the Nation it might be at 26 percent, and so we feel that that's indicative of some things that are happening here in Hawaii. But some of the big, big gains—and I might say one of the reasons for that has to be with the board of education passing a no nonsense law, so to speak, chapter 19, where we set up codes or standards for our students. And if a crime is committed on campus, then the police will come on campus and remove that child from the campus. And we don't have to second guess with teachers and so on. The HSTA has been one of the proponents of that chapter 19, and we have addressed that here in Hawaii.

Senator INOUYE. Mr. Chairman?

Senator WEICKER. Thank you, Senator.

I might point out, to pursue the point that Senator Inouye raised about bilingual education, that I was fascinated to hear the statistics relative to immigrants and students in Hawaii and the number that are bilingual. I think when the average American discusses bilingual education he thinks probably of Spanish and more particularly those coming into the country either from Mexico or Puerto Rico, not realizing that bilingual covers a good deal more than that, as you've indicated here in Hawaii.

I think it would come probably as a surprise to you and those in this room that the largest bilingual program in the State of Connecticut is Polish where, because of the recent unrest in Poland, New Britain, Connecticut is one of the centers of Polish population here in the United States.

So when we talk about bilingual, we're talking about more than just Spanish, the problems you deal with here, and the problems that I have in the State of Connecticut. I'm sure other States have other situations related to those coming from different parts of the world. And it is not something that is there to encourage any particular other language than English, but rather to enable a capacity to move ahead in this country. And that's really what they're talking about in terms of education, in terms of language.

Dr. THOMPSON. Senator Weicker, may I just interrupt a moment?

Senator WEICKER. Yes, yes.

Dr. THOMPSON. I forgot a very important native group of Hawaii that we have on Niihau, an island here in Hawaii—they speak only Hawaiian, and that would be bilingual also. We're setting up special programs for that, that I did not mention, and just wanted to interject that. Excuse me.

Senator WEICKER. No; I'm glad you did.

I think there's so many misconceptions out there about education. I think it's time we clear up some of these myths in people's minds. I think you've done that right here, and I think also you mentioned, in response to Dan's question as to where you draw these people from, that in many ways Hawaii is the gateway to the East, as the eastern United States was to Europe, in the sense of people coming to our shores, with all the same problems. They're just from different countries, that's all.

Haroldeen?

Miss WAKIDA. Senator Weicker, I'd just like to share with you, a couple years back, when I was in the classroom in the Waikiki area, which is a strong immigrant area, in my classroom alone I had one Chinese National, a student from Japan, a Samoan, a Tongan, a Laotian, and a Vietnamese. These children were all in my classroom for the first time in America, not being able to speak the English language. They receive help for 50 minutes a day in a program which is a limited English program for those students, but the rest of the time they had to stay in the regular classroom. And so it's really a hardship for teachers, especially in an area like that. And I think it's even more of a problem in that instance, because you don't have a bulk of students with the same language as a group, but just the variety in one classroom and that has to be quite a task to manage.

Senator WEICKER. I think also along this line it's important to point out that the money spent in this area has tremendous advantages down the line if we engage in this program. Otherwise, the person without the benefit of more than one language becomes a charge on the State, on the Federal Government, so that really cost effectiveness is the best way to tackle the problem.

There are a couple of points I'd like to ask questions on, in the area of vocational education and handicapped education. As you know, we fought fairly hard in the area of the handicapped funding to preserve what turned out, anyway, to be a solid commitment. In the pursuit of implementing Public Law 94-142, the Federal Government's commitment was that 45 percent of the cost was to be eventually assumed by the Federal Government. We are not anywhere near that now. What's the percentage here in the State of Hawaii, about 9 or 10 percent?

VOICE. Around 40 percent.

Senator WEICKER. I want to point out, though, that the state of the art is such that we know if the money is put into special education as compared to institutionalization of those that have some special problem, there is just a fantastic difference. Institutionalization is enormously expensive. Warehousing is the most expensive way to deal with the problem, and we're way behind our goal as set by the Nation in terms of the Federal commitment in this area.

There is an interesting problem in my State where we're probably the biggest defense contractor per capita in the United States, and quite frankly we don't have the personnel to go ahead and deal with all this. What is the situation as far as the vocational education program is concerned here in the State of Hawaii?

Mr. INABA. I think we have a similar kind of problem, as I said in my testimony. I think that with the many new technologies that are developing constantly throughout the past few years we have a difficult time trying to keep up with, you know, whatever is coming up in the forefront. I think one of our biggest difficulties is the teachers, and trying to keep them abreast of the newer things that are happening in industry and our technique, so to speak, is trying to enlist people from industry to come in and provide us with the kind of training that our teachers need. So that's one way that we're trying to keep abreast of all the different kinds of technologies, in order to prepare our students so they can go out and find a job.

Senator WEICKER. The point I'd like to make concluding this part of the hearing is that the public has heard a great deal as to excellence in education or the lack thereof. There are again a few myths that I'd just like to clarify.

No. 1, the Federal role. You mentioned the fact that the majority of the bucks come from the State, only a small portion from the Federal Government, and that's true. About 10 percent of the funding is from the Federal Government, but that 10 percent is key, because it usually applies to those constituencies that don't have political majorities, if you will, retarded and the handicapped, disabled, economically disadvantaged, et cetera.

And I'd say, without question, because in the course of the present statements relative to the Federal role, that indeed this 10 percent has been an unqualified success; it's tackled the more difficult problems, the most expensive problems and done a great job with it. I don't want anybody to feel that the Federal Government has been funding all education, and is responsible for all the difficulties that may or may not exist, but rather you have to have the Federal role as it now exists, and even at an expanded level, because the States are just not in a position to pick up that 10 percent.

And then last, if we are going to have excellence in education, I don't want anybody in Hawaii, any more than Connecticut, to get the idea that everybody can make a speech on the subject and then go home. I don't know how you get good education on the cheap, and that's really what it comes down to. We're talking about money, and it is going to cost to go ahead and correct those deficiencies that exist. Speaking for myself, I don't put on a hair shirt in regard to what public education has done. I think it's one of the greatest achievements ever brought about by a Nation in the history of the world. But there are things that have to be done, but they're going to cost money. I think that it's something that everybody in this country, everybody in this State, has to come to grips with in terms of what their priorities are. If they want their children to have the best in education, whether vocational education or higher education, secondary education or primary education, it's going to take money.

Speaking for myself, I think more so than any hardware, the strength of the Nation is right up here [indicating], and I'm talking about national defense. I'm talking about the size of the United States of America—we're just not big enough in terms of population to hold a preeminent place in the world. We've gained that by virtue of our knowledge and what that knowledge produces.

I'm very impressed with the testimony of those that are in charge of education here in the State of Hawaii. I might add, as you know, that last year was the first time in 5 or 6 years that we got a bill on education rather than a continuing resolution. I think it is terribly important that you put pressure on, from your end, because I don't think a continuing resolution addresses itself to whatever the particular priorities or needs are of our time.

And thank you. I compliment you and look forward to continuing to work with your Senator and with you on this matter in the future.

I might point out to everybody in this room that the longevity of the chairman of this particular subcommittee is not particularly good: my two predecessors, one Democrat, one Republican, were defeated after being chairman of this subcommittee, which might give you an idea of the controversy involved. But, in any event, at least for the next 4 years we're going to be working together, and I'm looking forward to it. Thank you very much.

Dr. THOMPSON. Thank you.

Senator WEICKER. I think we'll take a 5-minute break to let everybody just stretch before we go into our next panel. The committee will recess for 5 minutes.

[A brief recess was taken.]

UNIVERSITY OF HAWAII

STATEMENTS OF:

DR. ALBERT SIMONE, VICE PRESIDENT FOR ACADEMIC AFFAIRS
DR. TERENCE A. ROGERS, DEAN, JOHN A. BURNS SCHOOL OF MEDICINE
DR. JERROLD M. MICHAEL, DEAN, SCHOOL OF PUBLIC HEALTH
DR. JEAN LUM, DEAN, SCHOOL OF NURSING
DR. TERU MORTON, DIRECTOR, CLINICAL STUDIES PROGRAM, DEPARTMENT OF PSYCHOLOGY
DR. MARVIN ANDERSON, J. D., CHANCELLOR

Senator WEICKER. The subcommittee will come to order.

The second panel consists of representatives of the University of Hawaii: Dr. Albert Simone, vice president of academic affairs; Dr. Terence Rogers, dean of the John Burns School of Medicine; Dr. Jerrold Michael, dean of the school of public health; Dr. Jean Lum, dean of the school of nursing; Dr. Teru Morton, director of the clinical studies program, department of psychology, and Dr. Marvin Anderson, the chancellor.

It's a privilege for me to be here with all of you. Why don't you proceed with your testimony.

STATEMENT OF DR. ALBERT SIMONE

Dr. SIMONE. Thank you, Senator Weicker. I'm Albert Simone, vice president of the University of Hawaii. On behalf of the board of regents, faculty, and students I'd like to welcome you both to Hawaii. And, Senator Weicker, President Matsuda, in particular, asked me to present his respects. He's in your home town now doing some things; he serves as an executive member of the Transportation Resource Board and they're meeting right now in Washington, D.C., and that's why he cannot be here.

Senator Weicker, I guess you know that Senator Inouye is one of our most distinguished alumni, and we're his alma mater in that sense. And I do hope that before your visit is complete that you'll have a chance to visit some of our campuses on this island and some of the other islands.

But, with that motion of welcome, I'd like, in the time I have, to present a bit of an overview of the university. I'd like to do that by talking a bit about where the university came from and where it is going to and the aspirations it has for the future.

The University of Hawaii was founded in 1907 as a land grant college of agriculture and mechanic arts. Today it's a very complex educational system performing major teaching and research functions serving almost 50,000 students over nine campuses on four islands, involving dozens of research institutes and extension sections.

This progress over approximately 75 years has been made possible really, Senator Weicker and Senator Inouye, by contributions such as yours, by those who believe in the benefit that public higher education is going to offer.

The University of Hawaii has a fundamental mission in the sole responsibility we have as the public institution of higher education in Hawaii. We endeavor as an institution to provide an opportunity for quality education for all qualified people in Hawaii. We endeavor to create knowledge through research and scholarship. We endeavor to preserve and contribute to the artistic and cultural heritage in this community. And we attempt to provide public service through disseminating new ideas and new techniques.

In pursuing our charter as an institution we are committed to the development of the State's greatest asset, its people. And I'd like to comment that as peoples and States grow increasingly interdependent we'd like to extend our responsibility to the Nation and the world, as well. And I guess then, in the long run, to our aspirations as an institution we have really a long-running responsibility, which is the responsibility in a long-term sense to serve as a bridge between East and West, and, as attention increasingly turns to the Pacific, to be sure that the people of Hawaii have an opportunity to provide leadership functions and a leadership participation in the development of this Pacific area.

We expect that the university will accomplish this again by providing education and training to the people who will become the leaders in this region by discovering and disseminating and making available new knowledge to these decisionmakers, by using Hawaii's unique location geographically, its unique multicultural heritage to cultivate close contacts between our people and the people of the Pacific region and Asia.

In the process, we expect that the State and the university, as well, will become really a national institutional resource with expertise in this region. With that kind of a responsibility you can see the goal that we have set for ourselves, and that's to become the premier university in the Pacific Basin.

Again, to accomplish this goal we will continue to maintain the present quality in our teaching and our research efforts, both, and continue to stress education opportunities for Hawaii's citizens through educational outreach where that becomes appropriate.

We must continue to emphasize and provide an international and intercultural dimension to the educational experience of all our students.

We need to expand the community support of the university. We need to improve the administrative effectiveness of the organization.

So that's a bit about the university, where we've come from, where we are, and really most of the emphasis up to now on where we'd like to go. One way of estimating the capability of an organization is to look at what we've accomplished so far, and we have a number of truly excellent programs at this university.

A number of these programs you, Senator Weicker, and you, Senator Inouye, have expressed strong interest in, in the past and have actually given strong support on. We'd like to highlight some of these, and these will be programs in our school of medicine, school of public health, school of nursing, and department of psychology. In addition, we have other programs which again give measures of the potential that resides here. And we would have, following these other presentations, the chancellor of the Manoa campus try to present an overview of some of these other outstanding programs.

Finally, and we don't have a formal presentation in this regard, but we are very fortunate to have received four title III grants for four of our community colleges. And we are very appreciative of these grants and we hope that they'll continue to be supported.

While there won't be a formal presentation, if you do have any questions with regard to them, we do have the people responsible for that here and they should be sitting behind me. Dean Richards and Provost Kessinger to my left.

Senator WEICKER. These are four community colleges?

Dr. SIMONE. Yes; dean of instruction and provost of instruction at community colleges.

Senator WEICKER. Let me say that you can rest assured that the Chair, and I think the committee will continue to support the community college program. I don't think there is any group of students anywhere that I admire more than those that go to the community college, with all respect to the university, because for those students of all ages and from all walks of life, believe me, education isn't a luxury, that's something that they're willing to sacrifice everything to get. I don't think there's anything more inspiring. I'd be very delighted if they want to come up and speak, if we have time to do it.

Dr. SIMONE. Thank you. I'd like to turn now to Dean Terence Rogers of the school of medicine.

STATEMENT OF TERENCE ROGERS

Dr. ROGERS. Senator Weicker, Senator Inouye, welcome. I'd like to acknowledge you both for your persistent activities, many in the health field, particularly the handicapped and your longstanding interest in the Pacific Basin.

If you hear an incipient Cockney accent, I've overcome a bilingual difficulty.

I'm Terence Rogers, the dean of our school of medicine. You have my formal testimony, and to expedite the work I'll make just a few brief points.

These relate to all the U.S. territories of the Pacific Basin, but are directed to Micronesia and the Trust Territory of the Pacific Islands.

The continued U.S. presence in those islands is the consequence of deliberate national security policy. Nevertheless, our attitude toward those islands has been as if we had inherited someone else's problems, probably because someone in the State Department goofed.

I would plead for your support in a shift in that attitude. We have made a commitment to the people in those islands, and as a great and generous civilization we should honor that commitment.

This is not to say for one moment that the U.S. administration has been oppressive or even parsimonious; they haven't been sufficiently interested to be repressive. The attitude prevailing today has resulted in periodic flurries of what I might call guilty concern leading to a hospital here or a school there.

What we have not come to grips with are the economic and social stagnation, poverty, vast distances, and disease patterns evocative of the so-called Third World. These cannot be corrected by a series of interventions. They require persistent and patient effort over the long haul in which the Micronesians, themselves, depend upon us for technical assistance to do things that are relevant and manageable to the real worth of that environment, an environment quite different from what most purely design people of our Government agencies can conceive.

We at the University of Hawaii, especially in the health sciences have a track record of realistic accomplishment, and except for brief periods of table pounding we enjoy medical trust and response with our Micronesian colleagues.

And I would like to say that Dr. Elivel Pretrick, director of health from the Federated States of Micronesia, is in the room now. I don't pound tables with him, we do not have all the tables. But we certainly have the right questions and can help advance the level of health in Micronesia to the benefit of those people.

Now, if I may drop the other shoe, Hawaii is a small State and I am repeatedly and emphatically reminded that we cannot afford a foreign aid program.

The body of my testimony includes some solid suggestions to your committee whereby you could direct the relevant agencies to use the pool of talent, goodwill, and plain horse sense at the University of Hawaii, as an agent of our country's good will and horsesense.

Senator WEICKER. Thank you very much, Dr. Rogers.

The gentleman from Micronesia, would he be good enough to stand up? Good afternoon.

What specifically—just since you made this a major portion of the time allowed to you, what specifically is it that we should do here, maybe you can suggest something.

Dr. ROGERS. We would like to participate with our colleagues there in training health professionals at all levels, but health professionals that are relevant to Micronesia and not, if I may say so, to urban Detroit or something like that.

Senator WEICKER. Is there anything in the law now that permits you to do that or would it require law and additional funding or just additional funding?

Dr. ROGERS. Additional funding through the HRSA, beyond their guidelines. But the law, itself, is broad enough to encompass——

Senator INOUYE. Mr. Chairman, I'd like to point out at the present time we have a study that indicates in Micronesia there is a disproportionately high incidence of tuberculosis, of leprosy, of cholera, and emotional problems. History suggests to us that it wasn't too long ago when emotional problems were unknown in the Pacific, but suddenly, with the onslaught of World War II and our involvement there, emotional problems have come to the forefront. And I think it's one of the most serious problems in Micronesia. And, as the dean has pointed out, and I concur, we do have an obligation to the people of those islands. And we assumed the trusteeship and if we have the trusteeship I think we're obligated to carry out the responsibility of a trustee.

And furthermore, from the standpoint of the military importance we intend to maintain our presence there. All you need to do is look at the map of the Pacific and you'll find that they are not a large land mass. That I think we should keep the population not only happy, but healthy and wise.

Senator WEICKER. As I understand it, there is a Federal grant which is pinpointed to some of these problems right now; is that correct?

Dr. ROGERS. Yes, sir.

Senator WEICKER. Is there any reason why we should not make allowances for this in the fiscal year 1985 budget that we'll start taking testimony on in February and which will take effect October 1, 1984?

Dr. ROGERS. I would indeed suggest we would be ready to go at that point, no more studying would be necessary to do something, they've been studied to a standstill, Senator. The element in the body of my testimony you asked about specifically is that again we are a small State and even though Federal funding provides for programs conducted in the Pacific, it strains the resource base here. So, one of the proposals is the construction of a building to house those of our faculty involved in these programs, Micronesian colleagues when they come here for training, and so on.

Senator WEICKER. Well, let me see that. I think it's terribly important that Hawaii play its role in this part of the world where I think you're uniquely equipped to relate to the peoples and problems of the East and act as that bridge. And I might add I hope we do it, and let Hawaii help us, and that we don't end up going to Japan to find out how we're supposed to deal with it. I'm more than delighted to seek guidance from you, Senator Inouye on this, and you, too, Dr. Rogers.

I agree with you, we're there because we want to be there, and if we want to be there we better start taking a hand, and take care of all aspects of our desire. That isn't just fueling our ships, but acting in concert with the people whose land it is.

Dr. ROGERS. Thank you.

Senator WEICKER. Thank you.

Dr. SIMONE. Next we'd like to introduce Dr. Jerrold Michael, school of public health.

STATEMENT OF DR. JERROLD MICHAEL

Dr. MICHAEL. Senators, it's a pleasure to be here. Specifically in this presentation I will be proposing the development of an Asian-Pacific consortium for public health that is much in line with your question, Senator Weicker, as an additional means of serving that whole area for this proposed consortium that would link us with the schools of public health in Thailand, Indonesia, Singapore, the Philippines, the People's Republic of China, and which would support and strengthen the efforts of the University of Hawaii in providing services in that basin.

Before I provide some additional information, I would like to take this special opportunity to express, to all the deans of public health across this country, our appreciation, Senator Weicker, for what you have done for this whole health field. I clearly am one, and I think all of them are Weicker likers. In particular, in the passage of the 1984 appropriation bill you were able to present a much more workable charter than was originally proposed and has provided, I think, for the whole country, tremendous opportunities to improve the health status of our citizens.

Your committee approved $204 million for health professions education, an increase of $75 million. And you, yourself, addressed that issue in the testimony, rather than in the wording, supporting that appropriations bill, indicating that this is important in order to provide all Americans with the opportunity to improve their health and to have access to services.

In the field of academic public health, your committee approved $5.5 million for public health capitation, and you submitted specifically that this support is integral to improve the health status through health promotion. Now, this was the first increase in capitation for the public health field in 4 years, and clearly it was your own initiative. I know that, we know that.

In the area of preventive medicine, you have recommended increases in that area that will link schools of medicine and schools of public health. That is very much appreciated, it will have a tremendous effect on the development of leadership.

In this arena in health promotion with, I know, considerable difficulty you have approved an additional $3 million for programs in this area of health promotion and biomedical research. The 1984 appropriation bill had included $4 billion for the National Institutes of Health, a significant amount of that in the area of health promotion.

You have indicated again in your own words at a time when health care costs are out of proportion to our ability to pay, you have recommended more than $26,000 over the original request. And this funding is critical in the special areas such as sexually transmitted disease, AIDS, in areas of tuberculosis and environmental factors that are present not only in our country, but in the Pacific Basin and Asia in general.

But Senator, you're known for a great many initiatives and leadership in the area of health. Your name is legend. You have sustained support of this area, you have rejected attempts to cut major programs such as the handicapped, for example. Your committee recommended over $1.2 billion for education programs for the handicapped.

And finally, in consort with your counterpart in the House of Representatives, Representative Natcher, you saw to it that we had the first Labor-HHS-Education appropriation bill in 5 years, instead of a continuing resolution. You know very well, Senator, that we are very proud of Senator Inouye, but I think that even your appearance in this State deserves a tip of our hat, and we do so. I think there's a need for a great many more Weicker likers.

Senator WEICKER. Thank you very much. I don't know how to respond to your very kind testimony.

But let me say this, because I think that it might give you an indication as to my thinking and then I'll let Dan speak for himself on this issue.

I heard several weeks ago the administration announce its intention to up the request for the defense budget from the current $284 billion to close to $310 billion.

Now that's not my subcommittee. I sit as No. 2 man on that subcommittee, but I don't chair it. But I can assure all of you in this room, and use this as the occasion to announce my intentions that I would prefer to see the defense figure level funded compared to this year's level. If there's going to be any increase it's going to be in the areas that you discussed, and education. That's where the money is needed. We've gone just as far as I think we need to go in total dollars allocated to defense.

I speak, recognizing the defense interest of the State of Hawaii, as indeed I have them in the State of Connecticut, but the United States is concerned with the business of life.

And I'll give you a little story illustrating this. I had occasion to visit the National Institutes of Health the other day and received a briefing from the various institutes. Now, without going into a lot of detail, because I think it's unnecessary, I was not one of those 80 percent of Americans who thought the invasion of Grenada was a good idea, for a variety of reasons I won't go into here.

But I know the bill that we're all going to have to pay for it, never mind the loss of life that was incurred. And the reason why I mentioned that is that Dr. Krause of the Allergies and Infectious Diseases Institute used in his little presentation the example of how we are very close--we haven't done it, but we're getting there—to the eradication of malaria, which takes 15 million lives a year arond the world, roughly 2 million lives a year in Central America, South America, and the Caribbean.

Now, I ask you this simple question, you tell me which philosophy, which policies are going to be admired by the people of the world in this contest with the Soviet Union. He who successfully invades Grenada or he who conquers malaria.

And the cost in terms of funding required will be one-quarter of what you're going to pay for that invasion. So, I'm not talking about some bleeding heart liberal wandering around in the ether of academic ideas, I'm talking about the fight for the hearts and minds of the people of the world.

And there you have it. And that's what this contest of ideas is all about. And I admire those that speak for the items of hardware, I'm not saying that it's not important, it certainly is. I think it's also important other voices be heard in terms of the directions that this Nation takes.

So, anyway, thank you very much for your kind remarks, Dr. Michael. And whatever it is that we've done, I can assure you that we'll continue to do it.

Dr. MICHAEL. Thank you very much, Senator. I'd like to conclude the presentation with a few slides.

Senator WEICKER. Oh, good.

Senator INOUYE. Before you do, sir, I can't let this moment pass without saying that I wish to associate myself with the remarks of my distinguished chairman—that's the phraseology we use in the Senate. But, as you know, I concur with him on all points, including Grenada. For that, I caught hell, again. But, you are so correct.

Senator WEICKER. Thank you.

Senator INOUYE. We're not part of the 80 percent, but some day——

Senator WEICKER. No; when you and I become part of the 80 percent, that's when they ought to kick us out. We're better in the roles that we play.

Dr. MICHAEL. Can we have the slides, please.

The school of public health, subsequent to its foundation in 1965 has graduated over 1,600 alumni—both at the master and doctorate level, including Dr. Pretrick, who you just met. And our graduates serve across the world, but primarily in the Pacific Basin where there are 130 of our graduates, and in Asia where there are something like 89 in leadership positions. Many of these individuals that we are trying to link with ourselves in this consortium I spoke to.

This is the Biomedical Building that houses the school of public health. We rent a few rooms out to the school of medicine. I'm sure, Senator, you'll hear about that later.

And knowing your concern for the handicapped, I did want to just show a few slides of some of the problems that we face, and that call for the combined efforts of the school of medicine, the school of public health, school of nursing, as we attempt not only to provide educational capacities and service, but also access. Many people think of this area as an idyllic series of white beaches, and it is. Incidentally, let me tell you that many of the pictures that you see now are actually taken by Dean Rogers, himself, as he traveled in this area.

Difficult to get to, difficult to access, set over a wide area. In some cases the only means of travel is either by boat or small plane, very remote to get to. Most of the people have not traveled, Senator, and don't have the sense and understanding that—Dr. Pretrick can tell us chapter and verse.

Some of the best facilities are often a single Government building on an island, and then a bank. This is the hospital in Ponape. Living conditions are not exactly the best. Many of the people, I think, in the United States could recognize a group of people lined up for sick call.

Now, some of the training that we do, we do on site. All three of these schools do, and a good bit of it we do here, either in short course work—and as I've described in training of leadership individuals to provide services in Micronesia and in Asia. That happened to be a seminar on midwifery, being presented by a number of our clinical faculty to midwives.

Now, I show this only to say that—this may surprise you, Senator Weicker—that we at the school of public health have one of the largest complements of American Indians in the school of public health, because of the cross-cultural nature of the school. This picture I took of a Navajo and one of a method of medical care, and sand painting. This is a picture in the bottom of the Grand Canyon.

Now, we have at any time, intermingled with our colleagues from Asia and the Pacific Basin American Indians and Alaskan Natives who are suffering the same kind of problems and can, through our program, get a better approach to the dominant society surrounding a smaller group than any other location with perhaps the exception of Oklahoma.

It's my pleasure to graduate Cynthia Demmeit, a Kennecott indian from Alaska. She chose to wear her native costume, she was proud. We were all very proud of this educational opportunity—our contact with a variety of countries is not transitory but significant.

There is the General Arthit Kamlangek, who heads the armed forces in Thailand, a man who's very much committed to health care services. His appearance in Hawaii was to discuss the problems of the refugee camps. We have graduate students there taking their medicine residencies, working with our colleagues from Thailand, not providing services but providing insight into some of the problems of transmission of disease that Senator Inouye talked about.

The People's Republic of China, as you very well know, is getting increasing dialog with us. We have students on their doctoral project. This was a meeting we had with the minister of health of the People's Republic of China, and I had the pleasure of telling him how to eat poi. And we talked, among other things, about the problem of leprosy. I told him something, which was a suggested approach to academic programs. He then talked to his associates and I couldn't understand what he was saying. I did understand his hand signal.

This is a group of my colleagues meeting from Asia, Thailand, Indonesia, meeting together to discuss the potential of the liaison of this consortium, meeting here with Dr. Foege who, I'm sure, you will remember, Senator Weicker, is the former head of the Centers for Disease Control. A number of college deans, all of whom have an interest in international health, were interested in the development of this consortium, which resulted in the March 1983 symposium on international health in the Asian-Pacific Basin.

That is a picture in 1983 of the Surgeon General, who we were able to get to visit, and had the opportunity to talk to about this major link of academic institutions to serve Asia and the Pacific, and that, in fact, is what our interest and our concern is. And in the detailed testimony we set out some suggestions for how that might be done.

I did want to close by saying that these issues are not only of concern in Asia and in the Pacific, but what we can do and what we can learn could have significant effects on our own citizenry, and that benefit is one that we will continue to seek. And the future is one that we hope will have as great a smile as this.

Thank you very much, Senator.

Senator WEICKER. Thank you very much, Dr. Michael. I think that in terms of communication, this is something that is active at this time, and will be increasingly active, I hope.

Dr. MICHAEL. Now, on an informal basis, on Kauai, we will be meeting with the hope of forming that federation, but what we need is some support and policy steps and also in the province of minimal support of travel and commitment to permit colleagues to come together to permit faculty exchange, student exchange, and joint research, which will share the burden of what needs to be done in these areas of need.

Senator WEICKER. To give you an idea as to what the other side is doing, all of you read the newspapers and the only thing you hear about is the United States consistently complaining about the Cuban troops in Ethiopia and Angola. I don't worry about the Cuban troops in Ethiopia and Angola. The other side of the coin that you should know about is that this past year in that small nation they graduated—this is out of a conversation that President Castro and myself had less than 1 year ago—they graduated 40,000 doctors, nurses, and paramedics from the Universities of Havana, Santa Clara, et cetera. And, with the sole purpose of sending them all over Central America, South America—the majority of that population will not be in Cuba. They have now reached their particular requirement, but indeed, to go ahead and carry on the work of science and medicine as needs to be done in this part of the world and that there is an America involved in that kind of effort. Again, this is an example of what the other side is doing, and believe me, the ramifications of that are enormous. And that's the other war. I'm not so sure we're fighting it particularly well.

Senator INOUYE. Let me add a footnote. Cuba provided 11,000 scholarships for students from Central America. We provided 300.

Senator WEICKER. Thank you very much.

Dr. MICHAEL. Thank you, Senator Inouye.

Mr. SIMONE. I'd like to now ask Dr. Jean Lum to come forward. Dr. Jean Lum of the school of nursing.

STATEMENT OF DR. JEAN LUM

Dr. LUM. Thank you, Dr. Simone.

Mr. Chairman, I'm very pleased to have this opportunity to testify and share the highlights of the school of nursing's involvement in the training of health professionals, particularly nurses in the Pacific Basin.

But first I'd like very much to express our deep and sincere appreciation to you, Senator Weicker, and to you, Senator Inouye, for your longstanding and strong and vigorous support of health legislation in general, and nursing legislation in particular, which has benefited our respective professions, our State, and our university. We are particularly appreciative of your efforts on the Appropriations Committee, and for your effort in the aid in direct reimbursement to registered professional nurses.

The school of nursing was the first of the health professional schools within the College of Health Sciences and Social Welfare established at the University of Hawaii. Today the school of nursing graduates students and prepares them for careers in nursing and dental hygiene, primarily in the State of Hawaii and the Pacific Basin. A number of our bachelors and masters graduates now serve on key faculty and service positions on Guam, American Samoa, and Micronesia.

Our interest and commitment to the Pacific Basin in manpower training in nursing and dental hygiene spans a period of over 15 years. During this period of time we have hosted a number of visitors to our school from Asia and the Pacific Basin who have wanted to learn more about nursing and dental hygiene and in Hawaii and in the continental United States. Additionally, our faculty has provided short-term workshops on request to nurses on American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Federated States of Micronesia. Refresher and continuing education courses in nursing have also been provided to update knowledge and skills in a variety of clinical areas.

Since 1980 the school of nursing has participated in a federally funded cooperative effort with the schools of medicine and public health to specifically increase the numbers of native Pacific islanders entering and graduating from health professional schools. Seventeen Pacific islanders have been in the specific program to date, in nursing. Nine of these students were selected to begin the preprofessional training project in the fall of 1983. Eight, or 53 percent, of the postproject students are currently enrolled in our regular articulated bachelor of science undergraduate school of nursing. This project is in its final year of funding under the health careers funding program grant.

The school of nursing is seeking funds through the competitive nursing project grant mechanism in the division of nursing, to continue our efforts in this initiative. In conjunction with the schools of public health and medicine, the school of nursing is currently involved with the evaluation of Federal support to health systems in the U.S. Pacific territories.

Our membership and active involvement in the American Pacific Nursing Leaders Conference provides an additional means for the school of nursing to work cooperatively with nursing leaders from Guam, American Samoa, the Commonwealth of the Northern Marianas, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. The purpose of this organization is aimed at providing a communication mechanism for nursing leaders from each of the island jurisdictions to discuss common problems, to explore educational needs, to compare solutions to problems, and to share expertise among nurses of the American Pacific.

In my first orientation meeting to this region this past July I had an opportunity to meet with the health officials as well as nurses, educators, administrators, and practitioners who have a firsthand view of existing nursing and health care practices.

Some urgent needs identified by the local nurse educators and practitioners include basic nursing skill competencies among the existing nursing staff; the assessment of skills in basic medical-surgical nursing, obstetrics, labor and delivery, prenatal, and maternal care; skill competencies for general medical and surgical intensive care, neonatal intensive care, emergency room care, operating room care, and recovery room care; assisting in psychiatric and mental health care, skills of public health nurses in basic care, prenatal, health promotion, and preventive care. Need was also voiced for improving knowledge regarding pathophysiology; for decisionmaking and priority setting skills; and the need for knowledge regarding supervisory and midlevel management skills. The needs are and remain very pressing in light of limited resources in manpower, equipment, supplies, and facilities.

The university school of nursing accepts the challenge and continues its effort to seek ways to assist with nursing manpower training in the Pacific Basin. We believe that a priority lies in providing for a supplemental appropriation for nursing special projects in particular, to enable us to engage in innovative demonstration projects to improve nursing care delivery. Additionally, we believe that the concept and construction mentioned by Dean Rogers of a Pacific Basin health sciences building at the University of Hawaii at Manoa, involving the schools of nursing, public health, and medicine, would strengthen our trust and commitment and efforts to better meet the health manpower training, health services delivery, and research needs for this part of the world.

We deeply appreciate whatever assistance your committee can provide in maintaining a priority interest in improving nursing and health care initiatives, to improve the quality of health and life of the people of these Pacific Basin jurisdictions. Thank you very much.

Senator WEICKER. Jean, thank you very much. Jean, what is the infant mortality rate here in the State of Hawaii?

Dr. LUM. Let me ask Dr. Michael on that, if you have more up-to-date——

Dr. MICHAEL. The mortality rate in Hawaii is one of the lowest in the Nation, so it's definitely lower than the national average. I won't quote exactly, but it's significantly lower. And the Pacific Basin——

Senator WEICKER. That's the trust territory——

Dr. MICHAEL. There are pockets there of infant mortality which makes the data look like the 1900's in the United States, in your State, Senator.

Senator WEICKER. Well, first of all, as to the trust territory it's my understanding that we have 30 per 1,000, which is fantastically high. The United States has really nothing to boast about in this area. We're pretty high, too, in relation to the rest of the industrialized nations.

Dr. Rogers?

Dr. ROGERS. Senator, we here in Hawaii are down to about 14 per 1,000 live births. An interesting point is that on the island of Saipan the usual neonatal mortality is about 30; when we send a fourth-year resident OB–GYN in, it drops to that which we have in Hawaii; and when that resident comes home, it goes back to what it was.

Senator WEICKER. The reason why I asked the question of you, Jean, was that as you know, there have been cutbacks that have been requested, some of which have been acceded to by the committee in prenatal care, something which affects the nursing profession to a large degree. In regard to the larger cities in the United States, the first time doctors in the inner city hospitals see a patient is when they are in the midst of labor, never having seen the patient before that, and that is given as the fact of the tremendous increase in infant mortality in America. As I say, I was wondering whether this was something you'd like to comment upon, because it seems to be in an area where a professional can actively engage in.

Dr. LUM. We are working with the Region Nine Organization, also with Dr. John Schwab to see if there might be a program of near-term, short-term, or long-term work in the area of midwifery in the program of prenatal child nursing effort that we can bring to this area.

Senator WEICKER. Thank you very much.

Dr. SIMONE. I'd like to ask next Dr. Morton to report. Dr. Morton is associate professor of the department of psychology, University of Hawaii, Manoa campus.

STATEMENT OF DR. TERU MORTON

Dr. MORTON. Senators Weicker and Inouye, it is an honor to address you in today's hearing. I'm here to express the sincere appreciation of the psychology faculty of this university for your efforts to direct funds into research in the field of psychology.

My written testimony summarizes the research activities engaged in by members of our faculty. We have researchers who are helping to advance our understanding of the principles of learning, cognition, of the biology of emotion. We have a number of classical researchers working to investigate sociocultural determinants of behavioral, mental, and emotional problems. Initial NIE support for establishment of a Pacific regional education laboratory signals a large-scale research and development effort in the Pacific Basin education. Some of our faculty are pursuing National Institute of Mental Health—NIMH—support for a project to assist mental health needs of the Pacific islands.

We have used NIMH manpower funds for training a variety of practitioners. Over 200 nurses, teachers, and mental health professionals in Hawaii and other Pacific islands have been trained to be culturally skilled counselors.

I want to call particular attention to our clinical study programs which enjoyed 9 years of NIMH support. During that period, 60 graduate students received NIMH stipends, and 49 Ph. D's were produced. Among them was the first native Hawaiian clinical psychologist.

These NIMH sponsored students have gone on to public service with underserved populations both here and on the U.S. mainland. NIMH clinical grants in psychology have recently required a payback condition of stipends. Each year of support must be matched by a year of service in a public setting or underserved area.

I'd like to add my voice to those urging Congress to the greater use of the payback provision of the training program, it's a cost-effective method of insuring that trained mental health workers will, in fact, serve the population that needs them most.

I wish to express our appreciation of your recognition of the needs of minorities who have relevant mental health services. Minorities comprise less than 3 percent of our Nation's licensed psychologists. Your support of the technical training of minorities has been manifested here by the major number of training fellowships which have supported our students over the years.

Our clinical program seeks minority applicants and provides them with training. Half of our students are minorities, themselves, and they choose from courses on minority mental health and problems of specific populations such as Asian-Americans, native Americans, and Micronesians. We feel that we have been successful in training minorities and they, in turn, have found placement in public service in areas where they are most needed.

We are presently applying for more NIMH support. We're continuing to train Asian-American and native psychologists, but we'll also expand our recruitment with the other Pacific islanders and the new immigrants from the Philippines and Southeast Asia. Should we receive NIMH funds for this we will be provided an ever-increasing source of culturally sensitive clinicians, drawn from the Pacific populations, and encouraged to address mental health care in the same area.

We, like the other professionals of this university, are concerned with developing and training manpower in the Pacific Basin population. And I wish to make a special thank you to you and your committee for your continuing effort to insure that available NIMH training funds are distributed equitably across all four mental health professions of nursing, psychology, medicine, and social work. Training programs like ours benefit from an equitable balance of training funds, as well as from the priority given to training of minority members.

So, on behalf of the researchers, clinical trainers, and professional psychologists I represent, I convey to you a great aloha and mahalo for helping make possible our training and research here in the Pacific.

Senator WEICKER. Thank you very much, Dr. Morton. Would you like to comment on the point that Dan raised relative to stress or mental problems among the various populations of the Pacific Basin, that were, heretofore, unknown, that seem to be on the increase?

Dr. MORTON. These problems in Micronesia and the Pacific Basin are very high. For example, teenage suicide in young men here are something like 32 percent higher than the same rate in the United States. Stress-related early death among adults is also quite high. Instances of depression are also much higher than in the American population. And there's every reason to believe that this is due to the American influence on the cultural breakdown, due to our own presence there.

Dr. SIMONE. Since this is on the psychology section, I'd like to advise the group here that Dr. Patrick Illiam, who wanted to be here to take part in these proceedings, cannot be here because his daughter has suddenly found herself with meningitis, and so this afternoon she is undergoing a brain scan. Hopefully everything will turn out well.

Senator WEICKER. Thank you very much, Dr. Morton, for your time. I appreciate it. Thank you.

Dr. SIMONE. I'd like to ask next if Chancellor Anderson would come forward. Dr. Marvin Anderson is the chancellor of the Manoa campus, and he'll talk about a number of programs which you may not have supported as directly, but which we feel are unique and worthy of comment.

Senator WEICKER. Chancellor, nice to have you.

STATEMENT OF MARVIN ANDERSON

Chancellor ANDERSON. Thank you very much, Senator Weicker, Senator Inouye. As chancellor of the University of Hawaii at Manoa, may I highlight a few of the many programs that make the UHM significant and unique in higher education.

It will be obvious as I describe the capabilities and accomplishments of the institute for astronomy, the College of Tropical Agriculture and Human Resources, marine programs, the Hawaii sea grant college program, and last but not least, the center for Asian and Pacific studies that Federal research dollars have been essentially critical to the success of each of these programs.

I have a few slides that we will inject here in the presentation.

This is the institute for astronomy, which was established in 1967, and has a very outstanding national and international reputation. We have 116 scientists, technicians, programers, administrators, and support personnel that cooperate to conduct basic astronomical and astrophysical research, to train our graduate students, and to operate two major observatories. One observatory is located at the 10,000 foot summit of Haleakala in Maui. The university's solar and lunar research programs on Haleakala are made possible by a combination of the mountain's pure air and by the support of the National Science Foundation and the State of Hawaii. That's a very good combination. The CEK Mees Solar Observatory is designed to study the Sun. The Lunar Ranging Observatory is used for laser ranging to satellites and to the Moon, to measure continental drift, polar motion, and universal time.

Mauna Kea, which is a peak on the big island that reaches an altitude of nearly 13,800 feet, is perhaps the finest of the observatory sites developed to date for ground-based astronomy. In order to take advantage of the superb quality of the skies over Mauna Kea six major telescopes have been constructed and two others are now being constructed, and plans are being readied for two more by the early 1990's.

Astronomical research programs conducted at Mauna Kea include nearly every aspect of astronomy, the Sun, planets of our solar system, other stars in our milky way galaxy, and even other galaxies. Mauna Kea's thin, dry air also makes it one of the few Earth-based observatories which can conduct studies in infrared radiation. And NASA's infrared telescope facility operated by IFA since 1979 has produced impressive scientific results. NASA also provided $1.7 million for a newly constructed midlevel facility at the 9,200-foot level to help our scientists acclimate to high altitudes before working at the telescopes.

We can say very emphatically that Federal support has been instrumental in earning for the institute of astronomy a reputation throughout the world.

Next I'd like to touch briefly on the College of Tropical Agriculture and Human Resources. This is one of the three U.S. land grant colleges located in the tropics. It has more than 200 instructional, research, and extension faculty. This college has 11 academic departments and carries on programs in four countries.

The college also conducts programs in research, in extension, and in international technical assistance, and in short-term training activities. It now enrolls over 1,000 students, including 220 graduate students, 40 percent of which come from Asia and Pacific countries.

The college also participates in many programs which require scientific expertise to solve problems of importance to food production in Hawaii and throughout the Pacific. In early 1980 the University of the South Pacific—USP—in western Samoa and the College of Tropical Agriculture signed a multimillion dollar renewable agreement to improve the agricultural research, education, and extension capabilities of the USP, an institution which now serves 11 countries of that region.

One special research project, for example, in Samoa focuses on the production of taro, which is the staple crop throughout much of the Pacific. The slide shows chopped taro leaves are stored in plastic-lined trenches and fermented for swine feed.

Various governments and international organizations also call upon the College of Tropical Agriculture to provide training for their younger professionals. The college conducts soil workshops and courses in agricultural production, food processing, pest management, and proper insecticide use.

Another very important project conducted by the college and supported by USAID is the benchmark soils project, which makes possible the transfer of soil research from one site to another within the same soil family.

And the final and very important project is the food for peace program. And this university coordinates the Pacific Basin group and serves on the national advisory group which administers the program under the auspices of the U.S. Department of Agriculture. Approximately 25 research projects are now ongoing in the Pacific on problems related to food production.

In short, the College of Tropical Agriculture and Human Resources, in our judgment, plays a very key role in the Pacific by providing expertise, training, and the extension programs so essential to this area.

And here, again, Federal funds make this possible, as well as continuation of many of these programs.

Federal funds also support the numerous facilities and organized research units and academic programs involved in marine activities at this university. Many marine-related activities center around several of our facilities on and off campus.

For example, the Hawaii Institute of Geophysics has more than 120 research specialists and 250 support personnel involved in studies of marine and Earth and planetary processes.

Second, the Marine Sciences Building, recently completed, houses the department of oceanography, HIG research facilities, and the sea grant program.

Third, we have the Hawaii Institute of Marine Biology which is an extensive complex of laboratories, ponds, classrooms, and seawater supplied facilities for nearshore marine studies. This facility is located on Coconut Island on the windward side of Oahu.

The last is the University Marine Center at Snug Harbor, located at the inner end of Honolulu Harbor, and is the support facility for the UH research fleet of four ships.

Other facilities including the JKK Look Laboratory of Ocean Engineering, the Physiology Hyperbaric Facility, the Kewalo Marine Laboratory, the Pacific Biomedical Research Center, Waikiki Aquarium, the Prawn aquaculture experimental program with hatchery, ponds, and laboratories at several locations, and the marine mammal laboratory at Kewalo Basin.

Approximately $5 million of State funds and $10 million of Federal funds help support these facilities every year. The major marine studies include work on ocean circulation, climatic variations such as El Nino, geophysical explorations of the Pacific Basin—and here we have the map which shows the HIG ship tracks, September 1966—also studies of natural marine hazards such as tsunamis, the interpretation of marine sediment records, geochemistry of sewater, the development of specialized instrumentalities.

One such project has resulted in the development of the world's most advanced system of acoustically mapping and characterizing the sea floor. The Mark II, built with $500,000 of Federal and State money is towed behind a ship and sweeps the sea floor beneath with sonar signals, and produces an image map of the ocean's bottom.

The majority of this work is carried out by our faculty in the department of oceanography, geology, and geophysics or in the department of ocean engineering. But there are also very important marine components within the academic departments of zoology, animal science, botanical science and chemistry, geography, meteorology, microbiology, physics, psychology, physiology, and others.

One more major program I might comment on is the Hawaii sea grant program which, Senator Weicker, you almost singlehandedly saved 2 years ago for us. This is one of the 30 institutions of higher education in the Nation mandated to conduct strong programs in multidisciplinary research, education, and extension services under the National Sea Grant College and Program Act of 1966.

Over the 15 years of its existence the UH sea grant college program has, I believe made very significant contributions to the State's economy in marine areas. It developed innovative marine curricula, developed traveling marine exhibits and study guides, and has coordinated the Bluewater Marine Laboratory and the marine option program, which provides an ocean orientation for undergraduates with majors in many disciplines.

The current sea grant research activities focus on four areas. The first is aquaculture research. An ongoing sea grant effort is centered on controlled domestication of the prawn through genetic selection. Feed and nutritional studies are being conducted, and development of feeding, pond aerating, and harvesting operations.

The second, fish aggregation devices, known as FAD's, are the focus of a number of sea grant projects. Knowledge of how these FAD's attract hundreds of pounds of commercial fish is crucial to any management and improvement of the system, and so work is underway to improve FAD designs.

A third area of major research involves completion of the 5-year resource assessment of the northwest Hawaiian islands. State and Federal funds supported these field investigations in waters off the remote, uninhabited islands which constitute the National Wildlife Refuge. And the researchers studied animals from the bottom to the top of the food chain, including the endangered Hawaiian monk seal, to prepare an ecology and productivity study which might help decisionmakers determine economic and environmental policies.

Finally, the Hawaii Undersea Research Laboratory—HURL—which is operated under a grant to the University of Hawaii from NOAA's undersea research program, a program whose existence, again, is in large part due to the initiative and support of Senator Weicker. HURL supports the underwater habitat, Aegir, and the two-person submersible, the Makali'i, which has completed more than 210 science dives in the Pacific.

Senator WEICKER. This is your submersible here?

Chancellor ANDERSON. Yes.

And the University of Hawaii at Manoa program which I would also like to comment upon is the Asian and Pacific studies, which is another source of, I think, real accomplishment and pride. The State's location and our very unique cultural heritage have encouraged development of these interests so that today nearly 600 courses which contain subjects relating to Asia and the Pacific, and over 500 of our faculty, or approximately 20 percent or more, have expertise in one or more countries of the region. UHM also offers 44 East Asian and Indo-Pacific languages and has in these languages the largest enrollment in the United States. For example, one-quarter of all our students studying Japanese are enrolled on this campus.

In 1980 the university established the center for Asian and Pacific studies to coordinate and strengthen its unique and substantial resources for advancing knowledge about Asia and the Pacific. CAPS, as the center is called, formally incorporates several programs, including the Asian studies program, the Pacific Islands program, the center for Korean studies, the Philippine studies program, and the councils for Chinese and Japanese studies. While these organized units have a formal focus on Asian and Pacific studies, there are several dozen other departments also that are heavily engaged in such studies, including history, philosophy, political science, anthropology, religion, drama and theater, and music, and these are only a few.

The U.S. Department of Education, under their national resource center program has recognized UH's capabilities and have consistently selected our programs of East Asia and Southeast Asia and the Pacific islands to receive these grants. The Federal funds support graduate student fellowships for study abroad at various cultural institutes and seminars, including the Pacific Asian Management Institute, the distinguished scholars lecture series, the faculty travel for research, augmented library collections, summer workshops for local secondary school teachers, development of curriculum materials, and last but certainly not least, outreach programs to the community, such as in this exhibit.

In summary, let me say that the University of Hawaii is very proud of these five significant programs, which I think give prominence to our academic reputation, provide expertise for local and national decision-makers, and serve the State as well as our Pacific and Asian neighbors.

The campus community is very grateful, Senators Inouye and Weicker, for the Federal support that you have given to make these programs possible. And, along with that, the scientists, scholars, and researchers who have worked energetically and conscientiously to improve these programs and to earn Federal support. Thank you again for your sustained interest and your encouragement.

Thank you very much.

Senator WEICKER. Thank you very much, chancellor.

A great area of interest is what can be done vis-a-vis our knowledge of the oceans and I know the University of Hawaii has been in the forefront of that. About 5 years ago I became the first aquanaut in the U.S. Senate, having gone on a 5-day saturation dive to the bottom of the Caribbean. And I've since done about six of them, 3 to 4 to 5 days length.

And Dan, the reason why I do that is that the ocean floor is everything that the U.S. Senate is not. It is quiet, it is beautiful, and it is logical.

And I want to do everything I can. I think the University of Hawaii is, in terms of its sea grant program, its equipment, its commitment, one of our foremost universities in terms of developing our knowledge of the ocean, and an expertise in marine research. I just feel very strongly that this is an area that we have made a very small commitment in terms of dollars, really, nationally and yet, again, is one of those matters that eventually we are going to have to have an understanding of. So I compliment all those of the university who have been involved in that.

Chancellor ANDERSON. Senator, thank you very much. I appreciate that because I believe sincerely that the university and this State have accomplished a great deal, and have a tremendous opportunity to make a significant difference as it addresses itself more and more to the Pacific Basin, to what I consider the future of our Nation in dealing with these problems.

Senator WEICKER. When I first came to Congress I wasn't one of those who decried the space program of the United States. I'm proud of it, I want it to continue, and I'm hopeful that the President will go ahead and request funds for the space station and laboratory. Having said that, you realize that our one underwater habitat facility, Hydrolab, is located on the island of St. Croix, and our yearly expenditure is $500,000 for that. You talk about a mismatch of funds. Make no mistake about it, the President is going for the space station, and he'll have my support on that count, but believe me, there's going to be an amendment on that to take care of the other end of the spectrum, which is the ocean floor.

And may I again repeat, until we can operate on the ocean floor as we do in space, we're not going to know anything about it. The sonarman has to be able to do his thing right there on the ocean floor, and we have to have that knowledge, so that we'll be able to master it and utilize it for mankind.

Thank you very much.

Chancellor ANDERSON. Thank you very much.

Dr. SIMONE. That concludes our formal presentation.

PREPARED STATEMENTS

Senator WEICKER. Thank you very much. We will include all your statements in the record at this point.

[The statements follow:]

STATEMENT OF ALBERT SIMONE

Senator Inouye, Senator Weicker, ladies and gentlemen, my name is Albert Simone, Vice President of the University of Hawaii. On behalf of the Board of Regents, faculty and students of the University, I wish to welcome you to our campus.

Senator Weicker, as you may know, this is the Alma Mater of Senator Inouye who is one of our most distinguished alumni. I hope that you will have a chance to visit our beautiful campuses here at Manoa and at the Community Colleges.

If you will permit me, I would like to share with you information about our University.

The University of Hawaii was founded in 1907 as a land-grant college of agriculture and mechanic arts. By its 75th anniversary, which we celebrated last year, the University has grown into a complex system of education institutions involved in teaching, research, and service programs. From a cluster of buildings in Manoa, the University of Hawaii had expanded to nine campuses and dozens of research institutions and extension stations. This progress has been made possible by the efforts and interest of people like you -- Senator Inouye and Senator Weicker -- who believe in the benefits of public higher education.

The fundamental mission of the University of Hawaii reflects its broad responsibilities as the sole public institution of higher education in the State. The University endeavors to provide all qualified people in Hawaii an equal opportunity for quality college and university education; to create knowledge and gain insights through research and scholarship; to preserve and contribute to the artistic and cultural heritage of the community; and to provide other public service through the dissemination of current and new ideas and techniques. In pursuing its charter, the University of Hawaii is committed to the development of the State's greatest asset, its people. As peoples and states grow increasingly interdependent, the University also recognizes that its responsibilities extend to the nation and to all humanity.

The University of Hawaii, more than any other American university, has a significant responsibility to serve as a bridge between East and West. As world attention shifts to the Pacific, the University of Hawaii recognizes its special mission to provide the leadership necessary to assure that Hawaii and its people are full participants in the Pacific era. The University will fulfill this mission by providing relevant education and training to those individuals who will assume positions of responsibility throughout the region, by acquiring and making available the information needed by decision makers, and by using its mid-Pacific location to cultivate close human contacts between Hawaii's people and their neighbors in Asia and the Pacific. In the process, the University of Hawaii will increasingly become a national and international resource with expertise on regional concerns.

The long range goal of the University of Hawaii is to increase the leadership potential of Hawaii's people by establishing the University as the premier institution of higher learning in the Pacific Basin. In pursuit of this basic objective, the University of Hawiai continues to:

- Stress excellence in teaching and research.
- Increase educational opportunities for Hawaii's citizens through outreach instruction and new technologies.
- Strive to provide an international and intercultural dimension to the educational experience of each of its students.
- Expand community support of the institution.
- Improve administrative effectiveness within the organization.

There are a number of programs of excellence here at the University. Of particular interest to you may be those programs in which you have expressed interest and support. These programs will be presented by Dean Terence Rogers of the John Burns School of Medicine, Dean Jerrold Michael of the School of Public Health, Dean Jean Lum of the School of Nursing, and Dr. Teru Morton from the Department of Psychology.

Following these presentations, Chancellor Anderson will summarize programs which we feel are unique in American higher education and which illustrate the University of Hawaii's capabilities.

STATEMENT OF TERENCE A. ROGERS

One purpose of this hearing is to gather facts about the present and future health needs of the people of the Western Pacific.

I am grateful for the opportunity to present some of those facts, based on the knowledge and experience of the John A. Burns School of Medicine during more than a decade of research and service in the Western Pacific.

Fact Number One is that the need to train health care providers across a broad spectrum of skills--and to train them within the region itself--is enormous.

Fact Number Two is that medical faculty of the University of Hawaii, as well as the faculties of nursing and public health, is both eager and eminently qualified by interest and experience to engage in this activity.

Fact Number Three is that the provision of this training is a formal obligation of the United States, set forth in international agreements.

Fact Number Four is that the University of Hawaii itself does not have the financial resources to carry out this responsibility. Past programs have been financed by Federal and other sources, and this has enabled many things of value to be accomplished. However, beyond the financing of program activities, it is desirable for the Federal government to provide the University with a base of operations for future programs, specifically for the planning and construction of a building to house under one roof the men, women and facilities devoted to activities in the western Pacific.

Stated simply, the U.S. has a responsibility to the peoples of the Western Pacific and it should be willing to pay the bill. There has been for some time a drain on the State of Hawaii resources in the use of State-owned facilities for Federally-financed program activities.

The United States has established itself in the western Pacific, and I refer here primarily to the islands of Micronesia, in pursuit of its strategic national interests. Our concerns are military, not economic.

In the Micronesian islands we have piled up obligations and responsibilities in the process of acquiring military advantages. Make no mistake about it, these islands were shattered in every conceivable way by the battles of World War II and the aftermath. The traditional cultures have been disrupted by the intrusion of American material values, economic dependence upon the U.S. has grown and the health of the populations has declined under the assault of western civilization.

A broad array of diseases traceable to improper diet, poor sanitation and the crowding of a rural people into district centers afflicts the population. These diseases include tuberculosis, leprosy, cholera, parasitism and mental-emotional disorders.

The United States has helped significantly to bring these conditions about and therefore has a great moral responsibility to do something about them. But our obligations go beyond the moral. First, in exchange for control of the islands immediately after World War II, the United States pledged to the United Nations to support their welfare and development. That pledge was renewed under the terms of the Compacts of Free Association negotiated between the U.S. and the separate island groups in recent years. Hence, in speaking of U.S. responsibility we are, in fact, speaking of a national policy affirmed in formal agreements.

The various faculties of the University of Hawaii represent a great national asset in American dealings with the Pacific and Asia in a broad range of disciplines. The schools of medicine, public health and nursing, in particular, have served as an effective instrument in helping carry out national responsibilities in the Pacific and beyond. Continued use of this asset through well-financed, well-coordinated national programs for the Pacific and Asia can go far to discharge the responsibilities the U.S. has taken upon itself.

The schools of medicine, public health and nursing have engaged in an impressive array of research, training and service efforts. These include a program which trained some 60 Medex, or physician's assistants, together with scores of village health workers for primary health care in the Pacific...Training of allied health professionals...Coordination by the medical school of the National Health Service Corps activities in the region...A medical residency program on Okinawa...A comprehensive survey of physical handicaps in the Pacific ocean area...A preceptorship program in the training of physicians and the rotation of residents from Honolulu hospitals to assignments in the islands...Research into tropical diseases afflicting inhabitants of the islands and the tropical and sub-tropical areas of Asia... Epidemiological studies of diseases common to the area...An evaluation of Federal support of health programs in the Pacific...The recruitment of qualified islanders for training as physicians, nurses and public health specialists...And, growing out of the Medex experience, evolvement of training materials for mid-level health manpower in Third World countries around the world. Other enterprises are pending, including a proposal to train a new generation of medical officers for Micronesia at Ponape in the Eastern Carolines...Formal establishment of a Pacific Rehabilitation Training and Research Center in Honolulu...And a proposed Area Health and Education Center directed at maternal and child health.

These activities extend back more than a decade. Meantime, the formal agreements between the U.S. and the new island states envision continued Amercan financial support for at least the next two decades and probably beyond. It should be noted that a central consideration of U.S. negotiators in drawing the agreements was to emphasize Micronesian responsibility for setting their own priorities in health as well as in other fields. Continued Federal support for health programs is essential, but the Micronesians will be doing the bulk of the planning in cooperation with U.S. administrators. University of Hawaii faculty are sensitive and experienced in the cross-cultural relationships such an approach will require, which suggests that the U.S. will and should be depending even more on the faculties of the University in these programs.

The proposal I have mentioned for a facility devoted to these programs is consonant, first, with formal American responsibilities in the islands; second, with the interests and capabilities of the University of Hawaii schools of medicine, public health and nursing; and, third with the notion of a dominant role for Micronesia in deciding the future application of resources.

An appropriate building adjacent to the Biomedical Sciences Building of the University of Hawaii would house those activities in research and training which concentrate on meeting the health needs of Micronesia for at least the next generation. Such a building would house the pertinent laboratories, classrooms and conference and office space of the three schools. The medical school, for example, would focus tropical medicine research and the instructional base for health professions training in the proposed building. The building also would provide spartan office facilities for the use of Micronesian health officials on their frequent visits to Honolulu to confer with our medicine, public health and nursing faculties.

A building as proposed would have these virtues:

+It would stand as a visible, tangible affirmation by the U.S. of its commitment to the Pacific and Asia in the field of health care.

+It would further enhance the capacity of health scientists in the schools of medicine, public health and nursing to lend their talent and experience to the task of meeting U.S. obligations in the Pacific and Asia.

+It would, through the element of proximity, encourage the ferment, interchange and mutual stimulation of various elements of the three health science schools bearing on the opportunities and responsibilities in the Pacific and Asia.

+It would, by including facilities for visiting Micronesian officials, reinforce in their minds the solidity of the U.S. commitment and further reassure them that they are partners in an enterprise, not simply recipients of programs conceived by others and imposed upon them--as has at times been the case or at least the Micronesian perception in the past.

+It would lessen the invisible drain on State resources represented by the long-standing use of State of Hawaii facilities in past Federally-financed programs.

It should be emphasized that there are two things the proposed facility would not be:

First, it would not be a new "center", requiring its own new layer of adminstrative and planning staff. The purpose is simply to cluster activity and manpower in one place, thereby achieving the efficiency and immeasurable benefits that would flow from proximity.

Second, it would not be a base for any clinical services, but be reserved for programs of research and training.

In summary, the idea is quite simple: The U.S. has formal responsibilities to the peoples of the Pacific, the University of Hawaii is an experienced and successful vehicle for meeting those responsibilities, and the centralization of effort that would result from a building dedicated to the effort would insure even greater impact in the future.

APPENDIX

Building requested in body of testimony should be 60,000 sq. ft. gross, approximately 1/4 offices and classrooms and 3/4 research and instructional laboratories.

Anticipating construction in 1986-87 this would cost $11,480,000.

STATEMENT OF JERROLD M. MICHAEL

INTRODUCTION

Senator Weicker and Senator Inouye, it is an honor to address you today and to present background data on the School of Public Health, focusing on its past and future roles in service as a nitus for international health cooperation in the Asia-Pacific Basin Region.

Specifically, I will propose the development of an Asia-Pacific Consortium for Public Health to be established with the support of this committee. That consortium of schools of public health from Asia and the Pacific Basin including institutions from Thailand, Indonesia, Singapore and the Philippines, along with the University of Hawaii's School of Public Health, could serve as a mechanism to improve the health status of the citizens of those nations and enhance our own country's ability to serve the health of our fellow citizens.

SENATOR WEICKER'S SPECIAL ROLE

I must, however, begin with a statement of deep appreciation to you, Senator Weicker, for all you have done and clearly will continue to do to serve the health needs of our country. We are justifiably proud of our own Senator Inouye's work in that regard and have told him so on numerous occasions. Our feelings of admiration for you, Senator Weicker, are equally strong. Your able chairmanship in the Senate Labor/HHS/Education Appropriations Subcommittee reported out a FY1984 appropriations bill that presented a much more workable charter for health improvement than was suggested by the Administration's original position. For example:

- Health Professions. The Committee approved $204 million for health professions education, an increase of $75 million over the Administration's request. Your Committee noted that these programs "address the need to provide all Americans with access to high quality health care at a reasonable cost, to promote good health and to prevent disease to the extent possible, to return individuals who are acutely ill to good health, and to improve the quality of life for the elderly, chronically ill or the disabled."

- Academic Public Health. Your Committee approved $5.5 million for the public health capitation program in FY1984. This is $1.3 million more than the House allowance and the level appropriated in FY1983. No funds were requested by the Administration for this program. Public health capitation grants provide Federal financial support to 23 schools of public health to assist them in meeting the costs of their educational programs. According to the Committee report: "support of these schools is integral to the national initiative to improve the health status of Americans through health promotion and disease prevention programs." The $5.5 million represents the first increases in public health capitation in four years.

- Preventive Medicine. Your Committee also recommended increases in preventive medicine residencies in FY1984. The Committee approved $1.1 million for grants and contracts to schools of medicine, osteopathy, and public health to support the planning, development, and operation of physician residency training programs in preventive medicine. This program also provides financial assistance to residents who plan to specialize or work in preventive medicine.

- Health Promotion. The Committee approved $3 million for special projects to go to health professions institutions to fund education programs of high priority: health care to the elderly, health promotion and disease prevention.

- Biomedical Research. Your FY1984 appropriations bill included over $4.3 billion for the National Institutes of Health. This amounts to a 12 percent increase over FY1983. You justified the increase in a recent speech to the American Diabetes Association by saying:

  > "Surely, if there is an agency of government that gets the most bang for its buck, it is the National Institutes of Health. Their mission is among the most difficult of any in government--to combat and, if possible, prevent the major killing and disabling diseases of our time. One measure of how well NIH has performed this mission is the fact that it has supported the work of 70 Nobel-prize winning scientists.
  >
  > "At a time when health care costs are ballooning out of all proportion to our ability to pay them, we can do no less than invest in that proverbial ounce of prevention that will save, improve and lengthen all of our lives in the years that lie ahead."

- Disease Prevention. In support of the Centers for Disease Control (CDC), the Federal agency with primary responsibility for preventing and controlling diseases in this country, your Committee recommended $367 million for FY1984, more than $26 million over the Administration's request. This amount funds such vital programs that combat venereal diseases (including AIDS), tuberculosis, environmental diseases, among others.

- Handicapped Programs. You, Senator, are perhaps most well-known nationally as the primary Congressional champion of the handicapped. You have stood firm against Administration backed attempts to cut all major programs serving the handicapped. For example, your Committee recommended over $1.2 billion ($42 million more than last year) for education programs for the handicapped. You were also the chief sponsor of an amendment to the FY1983 supplemental appropriations bill that provided an increase of $48 million for special education for handicapped children.

Finally, you along with Rep. William Natcher, D-KY, the Chairman of the House Labor/HHS/Education Appropriations Subcommittee (your counterpart in the House), spearheaded the move that resulted in the President signing the first Labor/HHS/Education appropriations bill in five years. Funding for these programs had been through a series of continuing resolutions. An important point about the signed measure is that it contains signficant spending increases in National Institutes of Health, including the National Institute on Aging, Student Financial Assistance, Impact Aid and others. The total is $9 billion greater than the Administration's initial request.

As you know best, Senator Inouye, this is merely illustrative of the leadership shown by Senator Weicker over the many productive years that he has been in the U.S. Senate.

UNIVERSITY OF HAWAII AT MANOA, SCHOOL OF PUBLIC HEALTH--INTERNATIONAL HEALTH ACTIVITIES IN ASIA AND THE PACIFIC BASIN

The University of Hawaii School of Public Health has, from its inception in 1962, concentrated its academic interests on international or global health problems. This orientation reflects the Asia and the Pacific Basin focus of the State and the University as a whole. The School's mission addresses itself to cultural concerns, and its academic, service, and research objectives emphasize the application of public health knowledge in international and domestic settings where multi-ethnic and multi-cultural populations predominate.

The School has continued to focus a substantial portion of its resources on stimulating and participating in the development of training programs for health professionals who are called upon to realistically cope with their own country's health problems and to effectively utilize the resources, methodologies, and appropriate solutions inherent in their own cultural, regional, and international environments and experiences. This kind of emphasis is equally relevant to Hawaii and other U.S. students who expect to work in rural or multi-cultural areas of the United States.

In such illustrative contact areas as Indonesia, Thailand, and the Philippines, the thrust of the School's programs has been the creation of linkages with the country's institutions of higher learning which are involved in the training of health professionals. These institutions share the School's objectives and interests in mutual resource development. These linkages are characterized by 1) collaborative training, service, and research efforts related to identifying significant health problems; 2) the development of planning, implementaton, and evaluation programs to solve these problems; and 3) the evaluation of these programs.

The linkages are often expressed in "agreements of cooperation" between specific institutions, and commonly call for faculty and student exchanges and collaborative activities over periods of time. The purpose of these agreements are to share technology, training resources, and other educational opportunities present at levels of unusual excellence in specific institutions.

Individual agreements of cooperation are already in effect between the University of Hawaii School of Public Health and the University of Indonesia (Faculty of Public Health) in Jakarta; the University of Udayana (Faculty of Medicine) in Bali, Indonesia; the University of the Philippines (Institute of Public Health); Mahidol University (Faculty of Public Health) in Bangkok, Thailand; and the University of Guam. As noted in detail below, discussions are underway with those and several other institutions in Asia, including the National University of Singapore, to establish an Asia-Pacific Academic Consortium for Public Health.

MAJOR INTERNATIONAL SERVICE PROJECTS

The School has conducted several major combined service and research programs in Asia and the Pacific in recent years. They have included the following:

1. Training Service Agency/Asia Program. The Regional Training Service Agency/Asia was established in October 1979 under a contract with USAID. Its purpose is to assist in the development of family planning training in Asia, Bangladesh, India, Indonesia, Nepal, Philippines, Sri Lanka, and Thailand.

   This program's continuing goal is to increase family planning capacity in the host countries through financial and technical aid for training paramedical, auxiliary, and community health personnel in family planning. It also provides assistance to policy-makers at various levels, family planning program planners, supervisors, professional nurses, midwives, social workers, health technicians, village health workers, traditional health workers, and others at similar levels who are involved in both management and delivery of family planning services in government, private, and voluntary systems.

   A principal activity is to support and assist existing training systems wherever possible and to help establish training systems in:

   - clinical and non-clinical care in family planning and maternal and child health;

- program management, supervision, and evaluation in family planning;
- curriculum planning and evaluation, teaching techniques, and instructional materials development in family planning.

Training programs are primarily conducted in the host countries or in the Asia Region, rather than in Honolulu.

2. Rural Sanitation Manpower Development Project, Ministry of Health, Indonesia. The School of Public Health contracted with the Government of Indonesia's Ministry of Health in 1977 to provide technical assistance to the Indonesian government in the development and implementation of a nationwide environmental sanitation manpower development project. This USAID-funded project was conducted in collaboration with the Schools of Medicine in Jakarta and Bali, and the Faculty of Public Health in Jakarta. Twenty-six senior educators from Indonesian sanitarian schools received training in Environmental Sanitation here at the School. Two were awarded the MPH degree and 24 earned certificates in Sanitation and Environmental Health.

   The University of Hawaii School of Public Health faculty specialists stationed in Jakarta assisted Indonesian officials in establishing new institutions to train sanitation technologists and sanitarians and in upgrading existing training centers. Faculty specialists helped to assess the training needs of 4,000 sanitarians as part of the Indonesian third national plan. The project was completed on October 31, 1980.

3. Lampang Health Development Project, Ministry of Health, Thailand. The School collaborated with the Royal Thai Government's Ministry of Public Health and Mahidol University's Faculty of Public Health to develop a low-cost integrated rural health care delivery system in Lampang Province in Northern Thailand. Two University of Hawaii School of Public Health faculty were stationed in Thailand for the project's duration. Key elements of the project were replicated throughout Thailand after being deemed successful in Lampang.

   The six-year project was completed on September 30, 1981, and produced 24 monographs covering its various phases.

4. Resource Access Project of the Pacific. A University of Hawaii School of Public Health faculty member serves as director of this project funded by the Department of Health and Human Services's Administration for Children, Youth, and Families. Based in the School of Public Health, the project provides technical assistance to agencies serving handicapped children and to Headstart Programs in Hawaii, Micronesia, and American Samoa. This project is ongoing.

5. Pacific Basin Evaluation Project. In September of 1983, the U.S. Public Health Service, through the Office of the Assistant Secretary for Health as well as the Office of the Regional Director in San Francisco, contracted with the University of Hawaii to develop materials and create a framework to assist U.S. federal policy-makers in developing future policy in the management, organization, and development of health and health-related programs in six jurisdictions--Guam, American Samoa, Federated States of Micronesia, Republic of Palau, Republic of the Marshall Islands, and the Commonwealth of the Northern Marianas.

   Principal managerial responsibility for this project rests wth the School of Public Health, University of Hawaii, assisted by the Schools of Medicine and Nursing.

   A major activity of the study will be the development of criteria against which resources and services in place in those island nations will be measured in order to set out the developmental gap areas for future achievement.

It is expected that the findings of the assessment will be helpful in the development of a new U.S. health legislative strategy in the Pacific. Completion of the project is planned for mid-September 1984.

INTERNATIONAL ACADEMIC EXPERIENCE OF THE SCHOOL OF PUBLIC HEALTH

Approximately 250 professionals from Asia and the Pacific Basin have graduated from the School of Public Health since 1962. Attachment A shows their distribution on a world map. Several special programs have also been developed to serve health personnel in cross-cultural settings:

1. Guam Extended MPH Program. The School offered a series of graduate courses in Guam for Guamanian health professionals beginning in 1975. Twenty individuals subsequently completed their MPH degree programs in Hawaii and returned to their positions in Guam. The program was completed during the 1979-80 academic year.

2. Cross-Collaborative Training Program. From Fall 1975 to June 1977, the School participated in a special Cross-Collaborative Training Program with the University of Indonesia, Faculty of Public Health, and the University of Udayana, Faculty of Medicine, Bali, Indonesia. Eighteen students from the Indonesian institutions enrolled in selected courses in family planning, demography, and biostatistics in Hawaii. Eight Indonesian faculty members participated in training and research in Hawaii during the same period. Sixteen Hawaii students completed six-month field work programs in Indonesia. Each student was assigned an Indonesian faculty adviser from the affiliated institutions to provide field supervision.

3. Decentralized MPH Degree Program. A decentralized program leading to an MPH with a specialization in Health Services Administration was developed for individuals in U.S. Pacific Territories, other South Pacific Island nations, and rural areas of the State of Hawaii. Seven applicants with at least 8 years of progressively responsible, full-time administrative, managerial, or planning experience in a health or human services organization and commitment from their employing agencies to allow the necessary time off-the-job took the program and 3 graduated with their MPH degrees in December 1983. Two more will graduate in May of 1984.

   The coursework was specifically structured to address the student's area(s) of need. Courses were scheduled periodically at sites reasonably close to the student's place of work (courses were held in Honolulu and Guam in 1981-82) and were preceded and followed by substantial, self-paced study requirements.

   This degree plan enabled high-level administrators from the Pacific Basin to complete degree programs without taking prolonged leaves from their positions. This was particularly helpful in those many Pacific areas where no replacement personnel are available.

4. Health Careers for Pacific Islanders Program (HCPIP). The Health Careers Program for Pacific Islanders in Public Health is designed for natives of American Samoa, Guam, and Micronesia. This program is administered by a special staff and offered participants financial support, tutoring, and counseling.

   It is one of a three-component program in the College of Health Sciences and Social Welfare involving the Schools of Nursing, Medicine, and Public Health. Twenty-four students have participated in the preparatory year from American Samoa, Saipan, Guam, Kosrae, Marshall Islands, Truk, Ponape, Yap, and Palau. Nineteen students were subsequently accepted by the School for the master's programs. Eleven have graduated and nine more students are currently enrolled. The current Health Careers for Pacific Islanders preparatory year class includes seven individuals.

THE IDEA OF CONSORTIA--INTER-INSTITUTIONAL, INTERAGENCY AND INTERNATIONAL COLLABORATION FOR HEALTH PROMOTION AND DISEASE PREVENTION

General

A number of institutions and agencies have become increasingly aware that they will need to work together, share economic resources and expertise, and lower the barriers to cooperation, if the World Health Organization goal of health for all by the year 2000 is to be attained. This has been particularly evident in certain areas of Asia and the Pacific Basin, where collaborative efforts in the field of health promotion and disease prevention and control are currently underway. It is in the best interests of the United States to foster this work and these relationships in order to assure the improvement of health in this important region. The School of Public Health at the University of Hawaii is anxious to participate in that effort.

Background

Relationships that have developed with the common goal of improving health in the region have involved the World Health Organization (WHO), the South Pacific Commission (SPC), the U.S. Department of Health and Human Services, especially the Public Health Service (PHS) and its Centers for Disease Control (CDC), the East-West Center, and several important academic institutions and their consortium arrangements. The most central of the academic institutions has been the School of Public Health at the University of Hawaii and, in my opinion, the U.S. agency most pivotal to this work has been CDC.

Although the CDC has had a long and successful relationship with State and Territorial Departments of Health, more recently the agency has taken steps to develop or strengthen relationships with academic institutions, particularly with schools of public health, and to work with these institutions to provide technical assistance to States, other Federal agencies, and other countries. Much of this work began when the Association of Schools of Public Health (ASPH) met at CDC on August 2-3, 1979. As a result of discussions at that meeting, ASPH and CDC agreed to work together to develop a list of possible joint ventures. The two subsequently entered into a cooperative agreement in 1981. This mechanism has allowed the resources and capabilities of the Schools and CDC to be linked with the needs of the various State and local health agencies, other agencies of PHS, and ministries of health in some international areas where the U.S. has longterm interests or responsibilities. Much of the international work has come into focus in the past year, and has been related to increasing cooperation between CDC and the School of Public Health in Hawaii, and that School's relationships to WHO regional offices in the Western Pacific and Southeast Asia and to sister academic institutions of both the Western U.S. and Asia.

As part of the cooperative agreement between ASPH and CDC, a number of joint activities were initiated at the School in Hawaii. In December 1981, a CDC staff epidemiologist was placed on the faculty of the School and a number of important liaison activities were developed. A CDC training course in Applied Epidemiology which uses criteria-referenced instruction was modified for use as a semester course for graduate students in public health. A second course which deals with Behavioral Epidemiology was also conducted. The School's preventive medicine residency program was modified in order to incorporate selected items related to the development of training plans as developed for the CDC preventive medicine residency program. University faculty members assisted CDC in the field during an investigation of an epidemic of cholera in Truk, Federated States of Micronesia, and also provided technical assistance with CDC to the Indian Health Service (IHS) during an appraisal of the problems of dealing with alcohol abuse among Alaskan Natives.

Some Past and Future Collaborative Projects:

- **The First International Symposium on Public Health in Asia and the Pacific Basin** was held at the University of Hawaii from March 7-11, 1983. The School of Public Health developed and conducted the Symposium in cooperation with the other Schools dealing with health professions at the University, and the World Health Organization, U.S. Public Health Service and Centers for Disease Control, Association of Schools of Public Health, South Pacific Commission, and East-West Center. Scientific, technical, and working sessions were held in the areas of primary health care, international health promotion, the health of resettling populations, and disease prevention and control.

The Symposium and the ideas that developed among the participants and agencies that were involved have led to a number of important interagency and inter-institutional programs, projects, and meetings or institutes. These include the development of the International Center for Health Promotion and Disease Prevention, and a number of related activities of interest to the School of Public Health at the University of Hawaii, ASPH, PHS, WHO, and to CDC, especially the Center for Health Promotion and Education (CHPE), the International Health Program Office (IHPO), the Epidemiology Program Office (EPO), the National Institute for Occupational Safety and Health (NIOSH), and the Arctic Investigations Laboratory of the Center for Infectious Diseases.

- **International Center for Health Promotion and Disease Prevention.** The Center for Health Promotion and Education of CDC has provided funds through the ASPH-CDC cooperative agreement which is helping our School to develop an initial work agenda for the University of Hawaii International Center for the Asia-Pacific region. The School is conducting a review of the state-of-the-art in the field of health promotion and will conduct a regional conference on health promotion research and practice next year. This effort is likely to shape international activity in health promotion within the region for years to come.

  The UH International Center's primary mission will be to facilitate and sponsor collaborative international research and demonstration projects, and to promote and provide multilateral training and service projects which will move the fields of health promotion and disease pervention forward in the region. Typical of the International Center's work will be an enhancement of the School's contributions to cross-cultural research in coronary heart disease, hypertension, nutrition and cancer, the prevention and containment of infectious diseases, health hazards related to the environment and the workplace, suicide and homicide and the field of mental health, and the assessment of health care services and delivery in the region. The International Center, when fully operational, will have an aggregation of talent from throughout the University, the East-West Center, various Federal agencies, WHO, and regional academic institutions to form a creative force for addressing the major and complex public health and health promotional challenges of the special populations of the Asia-Pacific region.

- **The International Summer Institute for Health Promotion and Disease Prevention.** The strength and benefit of the International Center and of the CDC contribution to the academic setting may also be seen in the development of a University of Hawaii-Public Health Summer Institute for 1984. The Institute is designed to provide two weeks of intensive training in four program tracts: 1) Epidemiological Surveillance in the Pacific and Asia; 2) Health Promotion in the Work Place and Behavioral Epidemiology; 3) Occupational Health and Safety in the Pacific; and, 4) the Management of Primary Health Care. Short-term, intensive training in all four content areas is critical to the improvement of health and well-being of the peoples of the Asia-Pacific region. With the exception of the Management tract, CDC activities at the School (through NIOSH, CHPE, and the officer assigned to the School) continue to have a direct impact on the content developed for presentation in the 1984 Summer Institute.

- **The Global EIS Program and the Pacific Network of Trained Epidemiologists.** The School has a long-standing relationship with its sister institutions in Southeast Asia and the Western Pacific, especially Thailand, Indonesia, Philippines, and Singapore. CDC has similar relationships with Ministries of Health in the same region. CDC's Epidemic Intelligence Service (EIS) has served as a model for similar efforts more recently developing in other countries. WHO, along with CDC, recognizes the concept that a worldwide network of skilled epidemiologists would contribute greatly to the improvement of health for all, thus the Global EIS Program got its start when an EIS-type training program was initiated by the Ministry of Health in Thailand in 1980, with the assistance of the School of Public Health at Mahidol University, WHO, and CDC. A similar program was begun in Indonesia in 1982 by their Minister with help from their School of Public Health, and another will soon be underway in Mexico. CDC has also assisted WHO in developing field training programs in the South Pacific, beginning in 1980, and the first intercountry EIS Program is being planned for the Island countries of the Pacific. The UH School of Public Health is assisting WHO and CDC with the development of these plans for the region, and will serve as the focus for the academic aspects of the Program in the Pacific.

- **Computer-Assisted Epidemiologic Surveillance and Investigations in Scattered Populations.** Health for all by the year 2000 requires planning and decision-makers need health information systems to establish program goals and priorities, to allocate health resources, and to evaluate program outcomes. Epidemiologic surveillance--the collection, collation, analysis, and dissemination of public health information--is the foundation of effective health information systems for both communicable and non-communicable diseases.

  The UH School of Public Health, the Hawaii Department of Health, IHPO and EPO of CDC, and the WHO office in Fiji, are in the process of broadening and strengthening existing surveillance resources through the use of microcomputer technology in the field while at the same time establishing deidentified microcomputer data bases specific to the Pacific region which can be used in a variety of epidemiology training situations. This cooperative effort will expand epidemiologic capabilities at the local, state, national, and eventually the international levels, and should improve the quality and speed of notifiable disease reporting.

- **Nutrition Improvement Programs.** Through a separate cooperative mechanism, the School in Hawaii is assisting the Yukon-Kuskokwim Health Corpopration, the Alaska Area Native Health Service of the Indian Health Service, and the Arctic Investigations Laboratory of CDC with the implemention of demonstration projects for the improvement of nutrition in remote Eskimo villages of southwest Alaska. These village programs, which consist of a comprehensive approach to improving nutritional education at the village level involving parents, teachers, children, and storekeepers, will be carefully evaluated by a number of means, including hematological measurements. If the village programs are shown to be successful, techniques used will be adapted for use in other parts of Alaska and internationally in the Pacific to promote health and improve nutrition.

THE NEED FOR A U.S. GOVERNMENT SUPPORTED EFFORT TO CREATE A CONSORTIUM OF ACADEMIC SCHOOLS OF PUBLIC HEALTH IN THE PACIFIC BASIN AND ASIA.

We at the University of Hawaii's School of Public Health propose that the Congress of the United States consider support for the idea of a consortium of schools of public health devoted to the notion of collaborative efforts in health which will foster self-sufficiency and promote improved health for the citizens of the Asia-Pacific area.

The University of Hawaii's School of Public Health, because of its long history of international programs and related accomplishments and established collegial linkages with sister institutions in that area, would like to serve as the nidus for the U.S. interests in that movement devoted to the improvement of the health of those Asian-Pacific populations while also deriving the benefits of new knowledge which can also be useful to the people of our country--particularly those groups who are linguistically and culturally less able to compete for limited health services.

The Deans of the Schools of Public Health from Thailand, Indonesia, Singapore, the Philippines, the University of Hawaii, UCLA and the University of California at Berkeley will be meeting on the Island of Kauai in Hawaii in January of 1984 to voluntarily form the ASIA-PACIFIC ACADEMIC CONSORTIUM FOR PUBLIC HEALTH.

Also in attendance at that meeting will be the Dean of the School of Public Health of the Peking Medical College; Representatives from the WHO Regional Offices of the Western Pacific and Southeast Asia, the Centers for Disease Control, and the Office of the U.S. Surgeon General; the Regional Health Administrator of the Department of Health and Human Services; and a variety of other public health agency personnel.

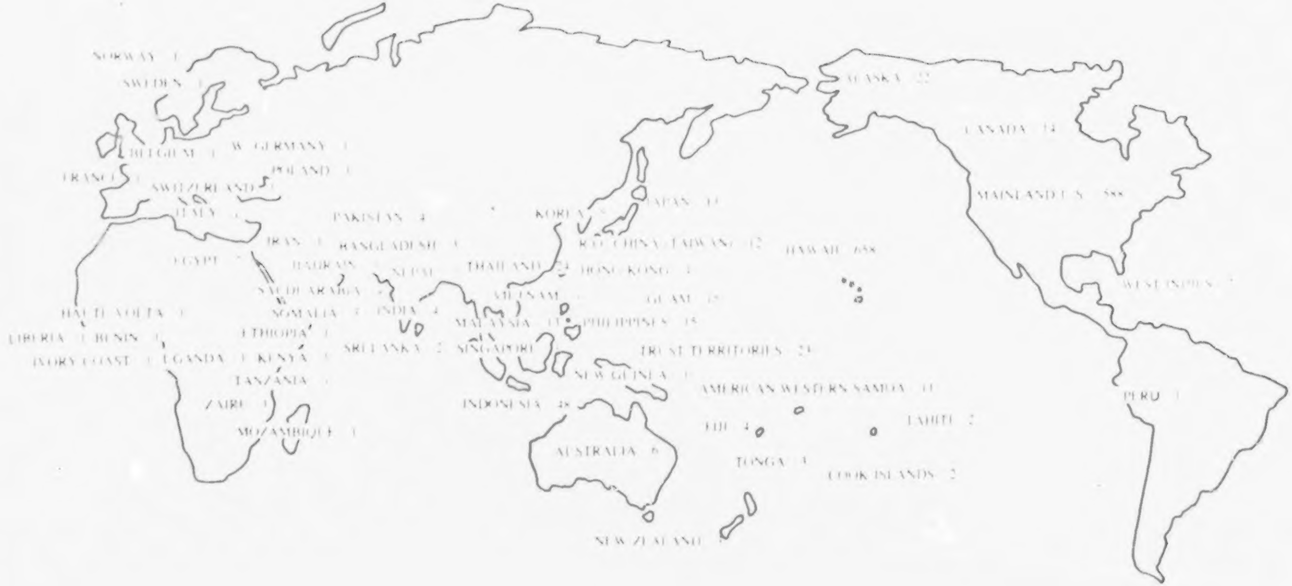
Once formed, the Consortium will need the support and encouragement of a variety of U.S. and foreign government and private sector groups.

It is my hope that we may look to you and your committee, Senator Weicker, for such underpinning and minimal resources that will permit this multinational, non-governmental aggregation of public health scholars to help in addressing the health needs of our peoples which transcend national boundaries.

Pono Maikai -- Good Health.

ATTACHMENT A

alumni serve throughout the world . . .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EGYPT 2
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IVORY COAST 1
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KENYA
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ZAIRE 1
MOZAMBIQUE 1
KOREA
JAPAN 11
R.O. CHINA (TAIWAN) 12
THAILAND 24
HONG KONG 3
VIETNAM
GUAM 15
MALAYSIA 11
PHILIPPINES 35
SINGAPORE
TRUST TERRITORIES 21
NEW GUINEA
INDONESIA 48
AMERICAN WESTERN SAMOA 11
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STATEMENT OF JEAN L. J. LUM

I am very pleased to have this opportunity to testify and share highlights of the School of Nursing's involvement in the training of health professionals, particularly nurses, in the Pacific Basin. I would like first, however, to express deep and sincere appreciation to you, Senators Weicker and Inouye, for your long-standing, strong, and vigorous support of health legislation in general, and nursing legislation in particular, which has benefited our respective professions, our State and University. We are particularly appreciative of your efforts on the appropriations committee and for efforts enabling direct reimbursement to registered professional nurses.

THE SCHOOL OF NURSING MISSION

The School of Nursing was the first of the health professional schools within the College of Health Sciences and Social Welfare established at the University of Hawaii, fifty-one years ago in 1932. It began as a one year program leading to a Public Health Nurse Certificate. Today, the School of Nursing, in line with the University's mission, offers programs to prepare students for careers in nursing and dental hygiene primarily for the State of Hawaii and the Pacific Basin. Our programs are accredited by the Hawaii State Board of Nursing, the National League for Nursing, and the Commission on Dental Accreditation. The Associate of Science, Bachelor of Science, and Master of Science degrees in nursing are offered. The program leading to the Master of Science degree in nursing prepares graduates either for clinical specialization in mental health nursing, medical-surgical nursing, and maternal-child nursing, or for specialization in nursing service administration. For those who choose an area of clinical specialization, there is the option of elective courses in teaching or nursing service administration. A Certificate and/or a Bachelor of Science in dental hygiene are available.

A number of our bachelor and master's degree graduates now serve on key faculty and/or service positions on Guam, American Samoa, and Micronesia.

PACIFIC BASIN ACTIVITIES

Our interest in and commitment to the Pacific Basin in manpower training in nursing and dental hygiene span a period of over fifteen years, beginning in the late 1960's. During this period of time, we have hosted a number of visitors to our School from Asia and the Pacific Basin who have wanted to learn more about nursing in Hawaii and nursing in the continental United States. Additionally, our faculty have provided on site short-term consultation and workshops on request to nurses on American Samoa, Guam, the Commonwealth of the Northern Marianas (Saipan), and the Federated States of Micronesia (Ponape). Refresher and continuing education courses in nursing have been provided to update knowledges and skills in: acute care, public health nursing, maternal-child nursing, nursing leadership for public health and hospital supervisors, family planning, transcultural nursing, intensive care, mental health and psychiatric nursing, nurse staffing, and faculty development.

HEALTH CAREERS FOR PACIFIC ISLANDERS PROGRAM (HCPIP)

Since 1980, the School of Nursing has participated in a federally funded, cooperative effort with the Schools of Medicine and Public Health to specifically increase the numbers of native Pacific Islanders entering and graduating from health professional schools. The nursing component of the Health Careers for Pacific Islanders Program offers educationally and economically disadvantaged students from American Samoa, Guam, and Micronesia an intensive one year, pre-professional training program in pre-nursing, remediation in the basic sciences and English as a second language, and study skills prior to their application and acceptance to the regular nursing program. Counseling services are provided to assist students to adjust to a different academic, cultural, and living environment.

Seventeen Pacific Islanders have been in the special program to date. Nine new students were selected to begin the pre-professional training project in Fall 1983. Eight (or 53%) of the post-project students are currently enrolled in the regular articulated Associate of Science/Bachelor of Science Undergraduate Program in Nursing. This project is in its final year of funding under the Health Careers Opportunity Program grant.

The School of Nursing is seeking funds through the competitive Special Nursing Project Grant mechanism in the Division of Nursing to continue our efforts on this initiative. This proposal would enable an expansion of the HCPIP project scope to include disadvantaged Hawaii residents and those from American Samoa, Guam, and Micronesia in providing much needed academic, financial, and personnel support services to project students enrolled in a decelerated articulated undergraduate nursing program during the lower division curriculum component.

EVALUATION OF FEDERAL SUPPORT TO HEALTH SYSTEMS OF THE UNITED STATES' PACIFIC TERRITORIES

In conjunction with the Schools of Public Health and Medicine, the School of Nursing is currently involved with the evaluation of federal support to health systems of the United States' Pacific territories. This contract provides assistance to the Federal Government in:

1. developing a clear and concise assessment of the effectiveness of past and current support for the Pacific Basin's health systems;
2. developing a comprehensive profile from which federal officials can evolve policies for the future support for health programs in each of the six U.S. Pacific Basin island jurisdictions as well as the region as a whole; and
3. providing valuable information which will assist the Federal Government in altering existing procedures and policy for dealing more effectively with the Pacific Territories.

AMERICAN PACIFIC NURSING LEADERS CONFERENCE (APNLC)

Membership and active involvement in the American Pacific Nursing Leaders Conference provides an additional means for the School of Nursing to work cooperatively with nursing leaders from Guam, American Samoa, the Commonwealth of the Northern Marianas Islands, the Republic of Palau, the Republic of the Marshall Islands of the Federated States of Micronesia (Yap, Truk, Ponape, and Kosrae). The purposes of this organization are aimed at:

1. providing a communication mechanism for nursing leaders from each of the island jurisdictions;
2. discussing problems confronting nurses;
3. exploring educational needs;
4. examining solutions to problems; and
5. sharing expertise among nurses in the American Pacific.

In my first orientation meeting to this region this past July, following my appointment as Dean, I had an opportunity to meet with key health officials as well as nurse educators, administrators, and practitioners and to have a firsthand view of existing nursing and health care practices. With the exception of Guam, where nurses are prepared at the Associate of Science degree level, the nurses on these island jurisdictions are prepared at equivalent aide or practical nursing levels. Nurses for the most part are unlicensed personnel prepared at the Community College of Micronesia (CCM) School of Nursing in Saipan or the practical nursing program in American Samoa.

Some urgent needs identified by local nurse educators and practitioners include upgrading:

1. basic nursing skill competencies among the existing nursing staff;
2. assessment skills in basic medical-surgical nursing, obstetrics, labor and delivery, prenatal and maternal care;
3. skill competencies for general medical and surgical intensive care, neonatal intensive care, emergency room care, operating room and recovery room care;
4. psychiatric nursing skills; and
5. public health nursing skills in basic care, prenatal, health promotion and preventive care.

Need was also voiced for improving knowledge regarding pathophysiology, for improving decision making and priority setting skills and need for knowledge regarding supervisory and mid-level management skills. The needs are and remain very pressing in light of limited resources in manpower, equipment, supplies, and facilities.

The University's School of Nursing accepts the challenge and continues its effort to seek ways to assist with nursing manpower training in the Pacific Basin. We will strive to work cooperatively and in concert with the Saipan CCM School of Nursing, the University of Guam School of Nursing, and nursing leaders to provide appropriate continuing education, faculty development opportunities and clinical training to improve nursing care delivery in the Pacific Basin.

We believe that a priority lies in providing for a supplemental appropriation for nursing special projects in particular to enable us to engage in innovative demonstration projects to improve nursing care delivery. Additionally, we believe the concept of a "Pacific Basin Health Sciences Center" at the University of Hawaii at Manoa involving the Schools of Nursing, Public Health, and Medicine, would strengthen our thrust, commitment, and efforts to better meet the health manpower training, health services delivery, and research needs for this part of the world. We deeply appreciate whatever assistance your committee can provide in maintaining a priority interest in improving nursing and health care initiatives to improve the quality of health and life for the people of these Pacific Basin jurisdictions.

STATEMENT OF TERU L. MORTON

It is an honor to address you in today's hearing. I am Dr. Teru Morton, Associate Professor of Psychology and Director of the Clinical Studies Program in the Department of Psychology, at the University of Hawaii. I am here to express the sincere appreciation of our faculty for your efforts to direct federal funds into research and training in psychology.

RESEARCH

Our Psychology Department has 26 fulltime faculty, 16 of whom have at least part-time affiliation with our Clinical Studies Program, a professional training program accredited by the American Psychological Association. Virtually all of our faculty are actively engaged in psychological research. In the last five years, our aggregated faculty spent $500,000 in federal research funds and published 24 books, 50 book chapters, and 200 journal articles.

Large grants have been supporting basic research using rats, bottlenosed dolphins and humpback whales, bees, and fish. Our animal researchers have concentrated on examinations of learning mechanisms, sensory and cognitive processes, psychophysiological relationships, communication systems, and aggressive and other emotional and social behaviors. Such research, funded largely by N.I.H. and N.I.M.H., advances our understanding of learning, cognition, and the biology of emotion.

Other research endeavors employ human subjects and have more applied purposes. Funds from the National Institute of Child Health and Human Development are being utilized in a series of longitudinal studies of behavioral development in infants with metabolic disorders. Other federal funds are helping to support cross-cultural research on first-episode psychotics from the different ethnic groups in Hawaii. Such work will illuminate more clearly the psychosocial determinants of severe mental disorders. This spring, N.I.M.H. funds will sponsor a national conference here in Hawaii on the measurement of depression. Initial N.I.E. support for the establishment of the Pacific Region Educational Laboratory hopefully presages a large scale research and development effort in Pacific Basin education. Some of our faculty and alumni have close involvement with this region-specific research and training effort. Additionally, others of our faculty are presently pursuing N.I.M.H. support for a series of projects to assess mental health needs within the sociocultural context of the Pacific Islands, and to develop culturally sensitive training to optimize treatment and prevention of mental health problems in the Pacific Islands.

This is only a partial listing of the uses of federal funds for psychological research here in the Department of Psychology. A large variety of basic and applied research projects is ongoing to advance our understanding of cognitive, biological, and socio-cultural factors in behavior, and to improve prevention and treatment efforts directed at mental and emotional disorders. In addition, our growing involvement with the problems of the Pacific populations can be seen. On behalf of our psychological researchers, I wish to thank you and your committee for the Senate appropriations which have made vital research like this possible.

Other human factors and industrial-organizational research by department members is supported by Department of Defense funds. Since several members of this committee are also involved in D.O.D. appropriations, I wish to convey appreciation that such a large proportion of federal funds for child abuse was apportioned to the D.O.D. The psychosocial problems of military personnel and their dependents are readily observed by psychologists in this state, with its strong military presence.

TRAINING

Our department also has a strong training component, and many of our efforts have been supported through the National Institute of Mental Health. In the last decade, for example, our faculty has utilized over $500,000 from the N.I.M.H. Manpower Training Program to train a wide variety of mental health workers. Over 200 nurses, ministers, teachers, counselors, psychiatrists, psychologists, and social workers in Hawaii, other Pacific Islands, and the mainland United States have been trained. Manpower Training Program funds have thus been used to train interculturally skilled counselors in a wide variety of occupations through dozens of workshops and courses. A number of books and articles on the cultural context for mental health services have been a byproduct of the intercultural training modules which were developed for these projects.

I call particular attention to our Clinical Studies Program. This professional training program enjoyed over $600,000 of N.I.M. support from September 1974 to May 1983. During those nine years, 60 graduate students received N.I.M.H. stipends. Thirty percent of these students were American minority people. During this same training period, the Clinical Studies Program produced 49 new Ph.D.s in clinical psychology. Among them was the world's first Native Hawaiian American clinical psychologist.

I am well aware of your committee's efforts to restore the jeopardized clinical training funds to N.I.M.H. With a continued shortage of mental health practitioners in this country, continued support for clinical training seems vital to our national wellbeing. Our program has profited from N.I.M.H. clinical training grants in the past, and we are appreciative of your efforts to continue to support such training.

N.I.M.H. clinical training grants in psychology have recently been requiring a "payback" condition for stipends. Each year of support must be matched by a year of service in a public setting or underserved area once a student has completed the training program (authorized by Section 303-d-1 of the Public Health Service Act). I would like to add my voice to those urging that Congress mandate greater use of the "payback" provision in clinical training, as a cost-effective method of ensuring that trained mental health workers will in fact serve the populations which need them most.

The N.I.M.H.-supported students in our Clinical Studies Program have, with only one exception, gone on to public service or service with underserved populations. Sixtythree percent of these new Ph.D.s found their first post-doctoral positions in community mental health centers and hospitals, in state and federal courts and correctional facilities, in local facilities specifically serving the disadvantaged Native Hawaiian population, and in academic departments in colleges, universities, and medical schools. Another 32% of our new N.I.M.H.-supported Ph.D.s obtained post-doctoral fellowships at clinical service and research institutes distributed across the mainland United States. Subsequent to completion of their post-doctoral fellowships, these new clinical psychologists typically entered public service, often with underserved or unserved populations. Slightly more than half of our products take their first positions on the U.S. mainland, so that they are providing public service to the nation at large. Although the "payback" requirement is a recent one, we are proud of the public service of our graduates. Greater use of the "payback" requirement at the national level can only enhance the likelihood that underserved populations will be serviced by newly trained professionals.

Congress has identified a crucial shortage of minority mental health practitioners, and recognized the need to ensure a wide range of services for treating the mental health problems of our various American ethnic groups. Specifically, N.I.M.H. funds have been allocated to our national organization's Minority Fellowship Program, and have been apportioned specifically for clinical training grants for minority students.

Our Clinical Studies Program has usually hosted at least one Minority Fellow. At present, our Minority Fellow is another Native Hawaiian. Upon completing her training, she intends to return to her home island, the Big Island of Hawaii, to augment service to that largely rural and underserved community.

Our training program seeks minority applicants and attempts to provide them with culturally relevant training. Twentyfive percent of the clinical faculty are themselves minority (Black and Asian Americans), and 46% of incoming students in the last four years have been minority citizens (Asian, Native Hawaiian, and Hispanic Americans). Students may choose courses on cross-cultural psychopathology, minority mental health, and the mental health concerns of specific minority groups, such as the Asian American, Native Hawaiian, and Pacific Island populations. The vast majority of supervised field practica occur in local public agencies serving our indigenous minority groups. In short, we feel we have been successful in training minority clinicians, and they, in turn, have found placement in public service and in areas where they are most needed.

We are presently applying to N.I.M.H. again for a clinical training grant to continue and expand our minority training effort. We will continue to train Asian and Hawaiian American clinical psychologists, but also hope to expand our recruiting for less visible minorities, such as the other Pacific Islanders and the new immigrants from the Philippines and South East Asian countries. Should we receive N.I.M.H. funds for this effort, we feel we can provide an ever-increasing source of well trained and culturally sensitive clinicians--drawn from the Pacific populations, and encouraged to address mental health care in the same area.

I wish to express our appreciation for your recognition of the needs of minorities for relevant mental health services. Twenty percent of our nation's population are minority citizens, but minorities comprise less than 3% of our nation's licensed psychologists. I thank you for your continued support for clinical training of minorities--both through the Minority Fellowship Program and through the priority given to institutional grants for the training of minorities. And finally, I wish to thank you for your continuing efforts to ensure that available N.I.M.H. training funds are distributed across the four mental health professions of nursing, psychology, medicine, and social work. Training programs like ours benefit from equitable balance of training funds, as well as from the priority given to training of minority members.

Our professional training program contributes to the efforts to obtain ethnic balance in the mental health labor force, and is particularly concerned with developing manpower for the Pacific Basin populations. This program, and the faculty of the Department of Psychology in general, have profited from research and training funds appropriated for such use. On behalf of the researchers, clinical trainers, and professional psychologists I represent, I wish to express our great appreciation to you for helping make possible our research and training efforts here in the Pacific.

STATEMENT OF MARVIN J. ANDERSON

INTRODUCTION

Senator Inouye, Senator Weicker, ladies and gentlemen, as Chancellor of the Manoa Campus of the University of Hawaii I would like to highlight a few of the many programs that make UH unique in American higher education. It will be obvious as I describe the capabilities and accomplishments of the Institute for Astronomy, the College of Tropical Agriculture and Human Resources, Marine Programs, Hawaii Sea Grant College Program, and the Center for Asian and Pacific Studies, that federal research dollars have been essential to the success of each.

THE INSTITUTE FOR ASTRONOMY, established as a separate research unit at the University of Hawaii at Manoa in 1967, has an outstanding international reputation, thanks to a capable, dedicated staff, excellent facilities, and generous support from federal and state agencies. One hundred and sixteen scientists, technicians, programmers, administrators, and support personnel cooperate to conduct basic astronomical and astrophysical research, to train graduate students, and to operate two major observatories. Seventy-five staff members assigned to the Institute's headquarters on the Manoa (slide) campus carry on research, data analysis, instruction, and instrument design.

One of the University's two observatories (slide) is located at the 10,000-foot summit of Haleakala, a huge dormant volcano that forms the eastern part of the Island of Maui. The University's solar and lunar research programs on Haleakala are made possible by the mountain's pure air and by funds from NASA, the National Science Foundation, and the State of Hawaii. The CEK Mees Solar Observatory includes living quarters and sophisticated equipment, much of it designed and built in IFA workshops, to study the sun: the inner corona, solar prominences, solar magnetic fields, and coronal intensities. The Lunar Ranging Observatory is used for laser ranging (slide) to selected artificial Earth satellites and to the moon to measure continental drift, polar motion, and universal time.

Mauna Kea, a peak on the Big Island that reaches an altitude of nearly 13,800 feet, is perhaps the finest of the observing sites (slide) developed to date for ground-based astronomy. In order to take advantage of the superb quality of the skies over Mauna Kea, (its summit is above 40% of the earth's atmosphere) six major telescopes (slide) have been constructed by the University of Hawaii (UH), by NASA, and by Canada, France, and the United Kingdom. Two other telescopes are now under construction by California Institute of Technology, the United Kingdom, and the Netherlands. Plans call for the world's largest optical/infrared telescope to be built by the University of California and the first Japanese telescope to be constructed outside of Japan.

Astronomical research programs conducted at Mauna Kea Observatory facilities include nearly every aspect of astronomy: the composition, structure, temperature, and physical properties of the sun and plants which form our solar system, other stars in our Milky Way Galaxy, and even other galaxies. Mauna Kea's thin, dry air also makes it one of the few earth-based observatories which can conduct studies of infrared radiation. NASA's Infrared Telescope Facility (slide), operated by IFA since 1979, has produced extremely impressive scientific results and is the most suitable facility available for the testing and development of advanced infrared instrumentation. Adding significantly to the effectiveness of the NASA IRTF is a newly constructed mid-level facility at the 9,200-foot level of Mauna Kea. NASA's share of this facility, which provide accommodations for the scientists and technicians who must acclimate to high altitude before working at the telescopes, is estimated at $1.7 million.

Truly, federal support has been instrumental in earning for the Institute for Astronomy world class ranking.

THE COLLEGE OF TROPICAL AGRICULTURE AND HUMAN RESOURCES (CTAHR) is one of the three United States Land Grant Colleges located in the tropics. With more than 200 instructional, research, and extension faculty, CTAHR has eleven academic departments and carried on programs in four counties. In addition to academic instruction, the College also conducts programs in reseach, extension, international technical assistance, and short-term training activities (slide). It enrolls 1,000 students, including 220 graduate students, 40% of whom come from Asian and Pacific countries.

The College participates in many programs which require scientific expertise to solve problems of importance to food production in Hawaii and throughout the Pacific. One such program is the South Pacific Region Agricultural Development Project. In early 1980, the University of the South Pacific (USP) in Western Samoa, CTAHR, and USAID signed a multi-million dollar five-year renewable agreement to improve the agricultural research, education, and extension capabilities of the USP, an institution that serves eleven countries of the region. The project, now in its third year, involves more than 200 man-months of American university faculty time on assignments at the USP School of Agriculture at Alafua (slide) and significant material and equipment support.

A special project, conducted at USP as well as in American Samoa and on Kauai, focuses on the production of taro, a staple crop throughout much of the Pacific. The next slides show chopped taro leaves being stored in plastic-lined-trenches, and, later, the fermented silage being removed for swine feed.

Various governments and international organizations call upon the College to provide training for their younger professionals. The South Pacific Commission, for example, has requested training programs six times during the past three years. Here (slide) Islanders participate in a soils workshop. Other courses cover agricultural production, food processing, pest management, and proper pesticide use.

Another important project conducted by the College and supported by USAID is the Benchmark Soils Project which makes possible the transfer of soil research from one site to another within the same soil family. Future plans include tying this regional effort into the International Benchmark Sites for Agro-Technology Transfer Project which is managed by the College. The slide shows international cooperators in this project.

A final important CTAHR project is the Food for Peace Program. UH coordinates the Pacific Basin Group and serves on the National Advisory Group which administers the program under the auspices of the US Department of Agriculture, Cooperative State Research Service. Approximately 25 research projects are ongoing in the Pacific on problems related to food production (slide).

In short, the UH College of Tropial Agriculture and Human Resources plays a key role in the Pacific by providing expertise, training, and extension programs in crop and animal production, pest control, and soils management. Federal funds make possible continuation of many of these programs.

Numerous facilities, organized research units, and academic programs are involved in **MARINE ACTIVITIES** at the University of Hawaii at Manoa. For this reason, Hawaii has attracted world-class researchers in most major areas of marine science, and our people work at the "cutting edge" of many of the most exciting and significant areas of current marine research. Federal funds augment or support much of this work.

Many marine-related activites center around several facilities on and off campus.

- The Hawaii Institute of Geophysics, established in 1957 and located under one roof since 1963 when federal funds made this building possible, has more than 120 research scientists and 250 support personnel involved in studies of marine, earth, and planetary processes.
- Marine Science Building houses the Department of Oceanography, HIG research facilities such as the electron-microscope mass spectrometer facility, and the Sea Grant Program, among others.
- Hawaii Institute of Marine Biology is an extensive complex of laboratories, ponds, classrooms, seawater supply facilities for nearshore marine studies located on Coconut Island in Kaneohe Bay on the windward side of Oahu.
- University Marine Center (Snug Harbor), located at the inner end of Honolulu Habor, is the support facility for the UH research fleet of four ships, the R/V Moana Wave, the 156-foot Kana Keoki, the 104-foot Kila, and the research submersible Makali'i.

Other facilities include

- J.K.K. Look Laboratory of Ocean Engineering and its Physiology Hyperbaric Facility;
- Kewalo Marine Laboratory, Pacific Biomedical Research Center;
- Waikiki Aquarium;
- Prawn Aquaculture Experimental Research Program with hatchery, ponds, and laboratories at several locations; and
- Marine Mammal Laboratory, Kewalo Basin.

Approximately $5 million of state funds and $10 million of federal funds help support these facilities annually.

Major marine studies include work on the heat content and circulation of the tropical Pacific Ocean, including some of the central work on climatic variations such as El Nino. Here (slide) a UH researcher has shown how normal winds tend to "pile up" ocean water in the Western Pacific; during El Nino conditions, Pacific waters "flatten out."

Other studies include marine geophysical explorations (slide) over the Pacific Basin and its geologically active margins; studies of natural marine hazards such as tsunami; interpretation of the marine sediment record; geochemistry of seawater; and development of specialized instrumentation. One such project has resulted in development of the world's most advanced system for acoustically mapping and characterizing the sea floor: the Mark II (slide), built with $.5 million of federal and state funds, is towed behind a ship, sweeps the seafloor beneath with sonar signals, and produces an "image-map" of the ocean bottom (slide).

The majority of this work is carried out under the direction of faculty who have split appointments with the Departments of Oceanography, Geology and Geophysics, or Ocean Engineering, and much of the work thus is directly involved in the education of the graduate students in those departments. There are also important marine components within the academic departments of Zoology, Animal Science, Botanical Science, Chemistry, Geography, Meteorology, Microbiology, Physics, Psychology, Physiology, and others.

One more major marine program at UHM is the **HAWAII SEA GRANT COLLEGE PROGRAM.** It is one of about 30 institutions of higher education in the nation mandated to conduct strong programs in multidisciplinary research, education, and extension services under the National Sea Grant Colleges and Program Act of 1966.

Over the 15 years of its existence, the UH Sea Grant College Program has made significant contributions to the State's economy as well as provided state and national leadership in several notable areas: human physiology, aquaculture, baitfish production, and sewage pathogens. Sea Grant has also developed and coordinated innovative marine curricula, travelling marine exhibits and study guides, annual statewide symposia on marine affairs for high school students, the Bluewater Marine Laboratory, and the Marine Option Program which provides an ocean orientation for undergraduates with majors in many disciplines.

Current Sea Grant research activities focus on four areas. The first is aquaculture research. One species of prawns (slide) has been the subject of a concentrated research effort as a specimen for aquaculture for the past ten years. An ongoing Sea Grant effort is control domestication of the prawn through genetic selection. Feed and nutrition studies are being conducted in earthen ponds (slide) similar to those used by farmers to culture the prawns in Hawaii. In addition, to prepare for scaling up to farm size, mechanization of feeding, pond aeration, and harvesting operations are being developed (slide).

Fish aggregation devices (FADs), a proven technology for the capture of Pelagic fish in the tropical Pacific and Indian Oceans, are the focus of a second set of Sea Grant projects. Knowledge of how these FADs attract hundreds of pounds of commercial fish is crucial to any management and improvement of the system, so work is underway to improve FAD designs. Another Sea Grant study is examining the fish communities around aggregation devices to determine why commercially important fishes such as Mahimahi (slide) gather around such devices. In the next slide, two researchers are studying the path of the odor plume which has been marked with dye. This project is attempting to utilize prey odors to attract tunas to the fish aggregation buoy.

A third area of major research involves completion of a 5-year resource assessment of the NW Hawaiian Islands. State and federal funds supported these field investigations in waters off the remote uninhabited islands which constitute the National Wildlife Refuge (slide). Researchers studied animals from the bottom to the top of the food chain, including the endangered

Hawaiian monk seal (slide), to prepare an ecology and productivity study which may help decision-makers determine economic and environmental policies.

Finally, HURL--the Hawaii Undersea Research Laboratory--is operated under a grant to the University of Hawaii from NOAA's Undersea Research Program, a program whose existence is in large part due to the initiative and support of Senator Weicker. HURL supports the underwater habitat Aegir (A-JEER) and the 2-person submersible, Makali'i, which has completed more than 210 science dives in the Pacific (slide).

UHM's excellent programs in **ASIAN AND PACIFIC STUDIES** are another source of pride to us. The state's location and our unique cultural heritage have encouraged development of these interests so that, today, nearly 600 courses contain subjects Asian & Pacific, and over 500 faculty have expertise in one or more countries of the region. UHM also offers 18 East Asian and Indo-Pacific languages and has in these languages the largest U.S. enrollment in the U.S.: one quarter of all students studying Japanese nationwide are enrolled in courses on this campus.

In 1980, he University established the Center for Asian and Pacific Studies to coordinate and strengthen its unique and substantial resources for advancing knowledge about Asia and the Pacific and to make them more widely known and available. CAPS, as the center is called, formally incorporates the Asian Studies Program, the Pacific Islands Program, the Center for Korean Studies (slide), the Philippine Studies Program, and the Councils for Chinese and Japanese Studies. While these organized units have a formal focus on Asian & Pacific Studies, several dozen other departments also engage in such studies: history, philosophy, political science, anthropology, religion, drama and theatre (slide), music, and art to name a few.

The U.S. Department of Education, under their national resource center program, has recognized UHM's capabilities and have consistently selected in E Asia, SE Asia, and the Pacific Islands to receive these grants. These Federal funds support

- graduate student fellowships for study abroad,
- various cultural institutes and seminars, including a Pacific Asian Management Institute,
- a distinguished scholars lecture series,
- faculty travel for research (slide),
- augmented library collections,
- summer workshops for local secondary school teachers,
- outreach programs to the community,
- development of curriculum materials.

As an information clearinghouse, various units within CAPS support publications such as the new Pacific Island Monograph Series. CAPS is also developing rosters of speakers or consultants which should be of value to government, business, and community organizations and maintains a file of the University's many and various exchange relationships with other institutions in the region.

SUMMARY

The University of Hawaii at Manoa is proud of these five outstanding programs, which give prominence to our academic reputation, provide expertise for local and national decision-makers, and serve the state as well as our Pacific and Asian neighbors. The campus community is also very grateful for the federal support which makes these programs possible. And the scientists, scholars, and researchers who work energetically and conscientiously to improve these programs and to earn continuing federal support, thank you, as I do, Senators Inouye and Weicker, for your sustained interest in and strong encouragement of our efforts. We are hopeful that your interest and encouragement will continue.

INSTITUTE FOR ASTRONOMY

Senator Inouye has been particularly helpful to the Institute for Astronomy in two areas.

Operation of the IRTF. We have operated the Infrared Telescope Facility (IRTF) on Mauna Kea under contract to the National Aeronautics and Space Administration (NASA) since 1979. The scientific output from the IRTF has been very impressive in both quality and quantity, and in just a few years it has become recognized as the world's leading facility for ground-based infrared astronomy. This scientific excellence is the result of a well-conceived telescope design, a superior site, and an extremely competent and dedicated scientific and technical support staff. Astronomers from around the world have been involved in important investigations on the IRTF, many of which would not have been possible at any other facility.

Mauna Kea, a peak on the Big Island that reaches an altitude of nearly 14,000 feet, is the finest of the observing sites developed to date for ground-based astronomy. In order to take advantage of the superb quality of the skies over Mauna Kea, major telescopes have been constructed at the summit not only by the University of Hawaii (UH), but also by NASA and by Canada, France, the United Kingdom, and the Netherlands. The site is therefore of great national and international significance, and concerns about the activities on Mauna Kea extend far beyond the State of Hawaii. For that reason, we have approached our Congressional delegation on several occasions for assistance in resolving specific concerns.

One of the things that resulted from observations there is that the IRTF made the infrared region of the spectrum accessible to astronomers in other fields--from radio to x-ray astronomers--who have used it as a tool in pursuit of their own scientific interests. Thus, the appeal and importance of the IRTF extends far beyond the bounds of traditional infrared astronomy. Is is also, and by far, the most suitable facility available for the testing and development of advanced infrared instrumentation. The scientific importance of the telescope and its cost-effectiveness in terms of the amount of astronomical information which can come from it were obvious to the scientific community. Nonetheless, support for operation of the telescope was deleted from the Federal budget. Dr. John Jefferies, then Director of the Institute for Astronomy, informed Senator Inouye of this situation and the Senator and other members of Hawaii's Congressional delegation were very supportive in arguing that operating funds be restored. This effort was ultimately successful.

NASA Share of the Mid-Level Facility. On another occasion, in 1981 the Institute for Astronomy proposed to construct a mid-level facility located at the 9,200-foot level on the slopes of Mauna Kea. The facility is intended to provide accommodations for the scientists and technicians who must acclimate to high altitude before working at the telescopes, which are located at 14,000 feet altitude. The permanent facility was to accommodate the users of all the major telescopes on Mauna Kea.

NASA's share of the cost of this facility, estimated at $1.7 million, was eliminated in early budget reductions in the NASA appropriation for FY1982, but was restored by the Senate as a line item; it was not included, however, in the House Appropriations Committee version. Dr. Jefferies wrote to Senator Inouye (and other members of the Hawaii Congressional delegation) and asked him for his support in the House/Senate conference negotiations for a move to recede to the Senate on this item.

Without access to a mid-level facility, the scientific productivity of the NASA IRTF would have been severely compromised and, with that, a vital resource for the nation's program of planetary exploration rendered ineffective. Senator Inouye's office worked in cooperation with the rest of the Hawaii delegation to see that the funds for the NASA share of this facility were appropriated. This effort was successful. The mid-level has now been completed and all involved are delighted with the new surroundings.

Senator Inouye's office has also provided assistance in other areas.

Jupiter Orbiter Probe. Over the years Senator Inouye's office has been extremely supportive of astronomy. In 1977, Dr. Jefferies wrote him and members of the Senate Appropriations Subcommittee urging them to approve the Jupiter Orbiter Probe (JOP) Mission for inclusion in the FY78 NASA budget. This mission had been cut from the budget by the Appropriations Subcommittee. A lack of support for the JOP would have resulted in a severe disruption of NASA's planetary exploration program, which has done so much toward increasing our understanding of the structure, origin, and evolution of the solar system. The spectacular successes of Viking, the Pioneer Fly-By of Jupiter and other NASA missions have been, over the years, a source of deep and justifiable pride to the people of the U.S.

From a narrower standpoint, the UH astronomy program is heavily committed to planetary studies, and our scientific staff have had, over the years, close involvement with the NASA space flight missions. The JOP was indeed funded. Two of the Institute scientists served on the JOP science team, and the JOP is now the major NASA planetary mission.

Hawaii as Foreign Travel. The University's Institute for Astronomy has been quite successful in attracting Federal research support over the years. However, we found ourselves at a disadvantage with respect to our mainland colleagues in dealing with certain agencies. For example, the National Science Foundation regarded travel by their staff to Hawaii as "foreign travel," which made it more difficult for representatives from these agencies to visit Hawaii and assess our programs. Their perceptions of our research, consequently, were too often based on second-hand, outdated, and incorrect information. There is also a tendency to regard travel to Hawaii to be somewhat frivolous and, since the Institute's programs and aspirations are every bit as serious as those anywhere else in the nation, the opportunity for representatives of funding agencies to familiarize themselves with the status of work in Hawaii should not be hampered by such attitudes. Dr. Jefferies invited Senator Inouye to consider whether he felt it justified to determine whether the Federal policy on this was appropriate. Senator Inouye contacted NSF and, in the end, NSF indicated that it will cease considering "non-contingent stages" as foreign travel.

Since that time, we have had a number of visitors from NSF and NASA in Hawaii who have in turn been very impressed with our program and, as a result, our program has become increasingly visible.

I might add that our rapport with the Congressional delegation continues to be extremely good, and it is reassuring to know that we can turn to them if need be for assistance. They have been very responsive to our previous requests, and their continued support will be an extremely valuable asset to our programs.

COLLEGE OF TROPICAL AGRICULTURE AND HUMAN RESOURCES

The State of Hawaii has much in common, geographically, and therefore, agriculturally, with the nations of the Pacific. Much of the productive land in the South Pacific takes the form of volcanic islands whose topography, climate, and soils resemble Hawaii. Agricultural crops and therefore, pests and management concerns are also similar. The University of Hawaii is actively involved in agricultural research and extension programs with our Pacific neighbors, through the programs of the College of Tropical Agriculture and Human Resources, the Land-Grant College within the University.

CURRENT STATUS OF ACTIVITIES IN THE REGION

The College of Tropical Agriculture and Human Resources has a long history of involvement in the Pacific, primarily in the areas of research and training. Our major activity has been in the South Pacific, the Northern Marianas and the Trust Territory of the Pacific Islands. The College seeks to participate in programs where there is coincidence between the domestic agricultural situation of Hawaii and those of the tropical world, so that scientific expertise can be brought to bear on key problems of importance to food production in Hawaii and throughout the Pacific.

The College participates in the Pacific through foreign assistance programs, under the auspices of Title XII, and through direct working relationships with various organizations and states in the South Pacific. As an educational institution, cooperation takes the form of island students and professionals pursuing educational programs at the University; specialized training programs conducted both in Hawaii and in the South Pacific by College faculty; cooperative research programs conducted both in Hawaii and in the South Pacific by College and cooperating scientists; and direct overseas technical assistance.

South Pacific Region Agricultural Development Project

In early 1980, the University of the South Pacific (USP), the UH College of Tropical Agriculture and Human Resources, and the United States Agency for International Development (USAID) signed a multi-million dollar five-year renewable agreement to improve the agricultural research, education and extension capabilities of the USP, an institution that serves eleven countries of the region. Technical assistance is provided to the USP School of Agriculture at Alafua, Western Samoa, and its associated Institute of Research, Extension and Training in Agriculture (IRETA). The project, now in its third year, involves more than 200 man-months of American university faculty time on assignments at Alafua and significant material and equipment support. In addition to the in-country assistance in the areas of crop production and agricultural engineering, four USP students are studying for MS degrees in the departments of Agronomy and Soil Science, Agricultural Engineering and the School of Library Science.

Taro Production

The College conducts research on the production of taro food and feed in the departments of Agronomy and Soil Science, Agricultural Engineering, and Food Science and Human Nutrition. Since taro is a staple crop throughout much of the Pacific, this research has widespread application. The major work is being conducted on the Island of Kauai and in Western Samoa as part of the South Pacific Region Agricultural Development Project. A research program on the use of taro as silage for swine is being conducted in American Samoa. Recently one of the College's root crop specialists was invited by the Government of the Solomon Islands to participate in a special training course on taro production for farmers and extension agents. In connection with this effort, the College has been asked about the possibility of providing extensive training for two farmers and one government official in production and post harvest handling of swamp taro. This training will likely occur on Kauai early next year.

South Pacific Commission Training Programs

For the last five years the University of Hawaii has had an operating agreement with the South Pacific Commission (SPC) through which the University provides faculty on an official time basis to participate in SPC sponsored workshops and technical assistance activities when the Commission provides compensation for airfare and local expenses. Most of the requests thus far have been for assistance in agricultural production, food processing and related areas. Since 1980 at least six individuals from the College have participated in SPC sponsored training programs.

Crop Protection

In addition to the work done in connection with the South Pacific Commission, CTAHR faculty have considerable experience providing training and technical assistance to the nations of the Pacific. Faculty in the Department of Entomology and the Department of Agricultural Biochemistry have participated in several short courses in the region focused on crop protection, integrated pest management and the proper use and storage of pesticides. Much of this work has been carried out under the auspices of Consortium for International Crop Protection, of which CTAHR is a member.

Nutrition and Food Processing

Faculty in our Department of Food Science and Human Nutrition have done training and research work in the region on such topics as solar drying of root crops and the nutritional status of native food crops. College staff have also been involved in the evaluation of local nutrition education programs in the Northern Marianas. Recently the College was approached by the World Health Organization Officer in Fiji concerning the prospects of UH providing training to upgrade the education of a group of Pacific nurses from the Diploma to the Bachelor of Science level.

Soil Management

Faculty from the Department of Agronomy and Soil Science and our USAID Benchmark Soils Project have participated in workshops and training programs in the Pacific dealing with such topics as soil taxonomy, soil classification, survey and mapping methods. Recently a senior faculty member assisted in setting up a national benchmark soils program in Fiji which will make possible the transfer of soil research from one site to another within the same soil family. Eventually this national effort could be expanded into a regional network which could then become part of the IBSNAT (International Benchmark Sites for Agro-Technology Transfer) project, which is managed by the College of Tropical Agriculture and Human Resources.

In other related work, the College's NifTAL (Nitrogen Fixation in Tropical Agricultural Legumes) Project has cooperators in Tonga and a joint research experiment with the University of Guam on the determination of multipurpose varieties of winged bean which is a vegetable crop with high nitrogen fixing capabilities.

Research in Tropical Agriculture Food Production - Section 406

The University of Hawaii participates in the Section 406 (Food for Peace) Program, which was initiated under an Amendment to the Food for Peace Act, by Senator Matsunaga. The Section 406 Program was initiated in order to focus research funds on the problems specific to food production in the tropical world. As lead institution in the Pacific Basin Advisory Group (PBAG), Hawaii works with the University of Guam to identify and conduct high priority research in the area of tropical food production. The University of Hawaii serves as coordinator of the Pacific Basin Group, and serves on the National Advisory Group which administers the program under the auspices of the US Department of Agriculture, Cooperative State Research Service (CSRS). Approximately 25 research projects are ongoing within the PBAG.

SUMMARY

The opportunities for interaction through agricultural science, education and extension are manifold, as a result of the geographic similarity between Hawaii and its Pacific neighbors. Both the American affiliated states, and the independent nations of the South Pacific have made use of our expertise. The University of Hawaii, through its College of Tropical Agriculture and Human Resources, participates actively in those national and regional programs which facilitate interaction with the nations of the Pacific.

MARINE PROGRAMS AT THE UNIVERSITY OF HAWAII

Marine activities at the University of Hawaii are so widespread and pervasive that they are difficult to capture in any concise description. Here we restrict ourselves to the major components of the marine area, and look at facilities, organized research units, and academic programs separately. In reality, of course, academic programs and research cannot be separated in a university setting; one cannot exist without the other. Furthermore, the focus on organized research is simply because of the ease of identification; much important marine research is carried out by individual faculty members outside of the scope of the research institutes.

We also do not here try to document the quality of our programs, or to single out individual faculty by name. It is enough to state that Hawaii has attracted world-class researchers in most major areas of marine science; that our people work at the "cutting edge" of many of the most exciting and significant areas of current research interest; that our faculty help guide the development of marine science policy at state, national and international levels; and that graduates of our programs are found in scientific, academic, and governmental positions around the world.

Our academic marine community is well aware of its opportunity, and responsibility, to strive for excellence in this most oceanic of all universities.

PRIMARY MARINE FACILITIES

The on-campus focus of marine programs is provided by two adjacent buildings on the Manoa campus:

Hawaii Institute of Geophysics Building. This four-story building was built in 1963 with federal funds. It houses the HIG administration; the academic departments of Geology and Geophysics and Meteorology; graduate students; research and support staff; laboratories, shops, drafting and publication facilities; research library; etc. A large fraction of the research supported by this facility is marine.

Marine Science Building. A six-story laboratory structure built with state funds, the new MSB is still undergoing completion of final details and installation of major equipment. The MSB houses the Department of Oceanography with its affiliated researchers and graduate students; HIG research facilities such as the core lab, electron-microscope facility, and mass spectrometer facility; administrative staff for the Sea Grant Program, the UH Marine Program offices; the Marine Option Program; etc.

Other primary marine facilities are off-campus:

Hawaii Institute of Marine Biology. An extensive complex of offices, laboratories, ponds, classrooms, seawater supply facilities, shops, a diving locker, and small-boat operating support, located on Coconut Island in Kaneohe Bay on the windward side of Oahu. HIMB is uniquely suited to facilitate research and teaching in areas where immediate access to the nearshore marine environment and/or a continuous seawater supply are essential.

University Marine Center (Snug Harbor). Located at the inner end of Honolulu Harbor, the UMC is the support facility for the UH research fleet and also serves visiting university or federal research vessels. There is dock space for ships with draft to 25 ft., with additional space for smaller vessels; offices and shops; covered and open storage; and a refrigerated storage building for deep-sea sediment cores. All maintenance, repair, and renovation short of dry-docking can be accommodated, as well as repair and renovation of seagoing scientific gear.

J.K.K. Look Laboratory of Ocean Engineering. The Look Lab is located on two acres of land near Kewalo Basin. Facilities include two large model-testing basins, wave flumes, shops, work boats, and diving locker. The Physiology Hyperbaric Facility of the John A. Burns School of Medicine is also located at Look Lab; this is equipped for research in diving medicine and also operates as the state's emergency recompression facility.

Kewalo Marine Laboratory, Pacific Biomedical Research Center. Located on the waterfront at the entrance to Kewalo Basin (and near to Look Lab).

PBRC maintains a pumped seawater system and laboratory facilities for fundamental biochemical and ultrastructural research using marine organisms.

Waikiki Aquarium. Located on UH-owned land at Kapiolani Park, Waikiki, this is Hawaii's major public aquarium. Besides the extensive facilities required to stock, maintain, and renovate the displays, and to carry out an active public education program, limited research laboratory space and instrumentation are available.

Prawn Aquaculture Experimental Research Program. Offices and a large complex of hatchery and broodstock tanks are maintained at the state's Anuenue Fisheries Research Center on Sand Island; twenty-one experimental ponds are located at Kahuku; and laboratories are available on the Manoa Campus.

Marine Mammal Laboratory, Kewalo Basin. Two large seawater tanks with support systems for maintaining live porpoise are operated, together with a building housing offices and computers for controlling experiments and processing data.

UH Fesearch Fleet. The R/V Moana Wave was built in 1973 for the University of Hawaii by the U.S. Navy. She is currently undergoing lengthening (to 202 ft.) and extensive modification and renovation. She will be suited for all aspects of oceanographic studies, on an oceanwide basis. The 156-ft. Kana Keoki, purchased by the state and converted as a research vessel in 1971, will probably be retired when the Moana Wave is recomissioned. The 104-ft. Kila, newly converted to research use, will be used primarily in Hawaiian waters, and will also act as mothership for the university's research submersible, the Makali'i, A wide array of small craft for nearshore work is also available.

MAJOR RESEARCH UNITS

While many of these correspond closely to the physical facilities already described, here we focus more on function than form:

Hawaii Institute of Geophysics. More than 120 research scientists and 250 support personnel are involved in studies of marine, earth, and planetary processes. Major marine studies include work on the heat content and circulation of the tropical Pacific Ocean, including some of the central work on climatic variations such as El Niño; development of fundamental theory of ocean circulation; marine geophysical explorations over the Pacific basin and its geologically active margins; development of the world's most advanced system for acoustically mapping and characterizing the sea floor; studies of natural marine hazards such as tsunami; interpretation of the marine sediment record; geochemistry of seawater; development of specialized instrumentation; and much more. The majority of this work is carried out under the direction of faculty who have split appointments with the Departments of Oceanography, Geology and Geophysics, or Ocean Engineering, and much of the work thus is directly involved in the education of the graduate students in those departments. With about $2.5 million in state support, HIG research brings in some $7.0 million annually in federal grants.

HIG also operates the major vessels of the UH research fleet through the UH Marine Center at Snug Harbor.

Hawaii Institute of Marine Biology. The primary function of HIMB is to foster research in the marine sciences, and thereby to enhance the pursuit of higher education at the University of Hawaii. Areas of special emphasis in research include coral reef biology and ecology; tropical aquaculture; marine animal behaviour; plankton ecology; pollution and management of marine ecosystems; ciguatera poisoning from fish; fisheries biology; and midwater nekton ecology. In addition to the HIMB staff, research is carried out by faculty and students from the Departments of Oceanography, Zoology, Botany, and others. With state support of about $0.7 million, some $1.4 million in federal grants is brought in yearly.

Kewalo Marine Laboratory, Pacific Biomedical Research Center. While not marine-oriented in the same sense as the other programs described, PBRC takes advantage of the unique characteristics of marine organisms in basic biomedical research in the fields of molecular, cell, and developmental biology. Undergraduate, graduate, and post-doctoral students acquire research training in biomedical and biotechnological fields. State support is approximately $1.0 million, with $1.5 million in federal grants brought in yearly.

J.K.K. Look Laboratory of Ocean Engineering. The Look Lab is the research facility of the Department of Ocean Engineering. Its functions are to provide hydraulic model studies of waves, shoreline facilities, and floating structures; to support field studies of waves and nearshore currents, mixing, and water characteristics; and to provide lab facilities for Ocean Engineering courses.

Waikiki Aquarium. The Aquarium serves the local population and, importantly, the visitors to Hawaii with exhibits of marine life from Hawaii and the Pacific for education, entertainment, and research. Displays are interpreted from biological, ecological, and humanistic perspectives. Educational programs include classes, lecture series, and individual lectures; a school touring program; outer-island and South Pacific field trips; museum exhibits; and a Speakers Bureau. Research programs focus on aquaculture, behaviour, and ecology. In an annual budget of approximately $0.5 million, state support comprises 62%; donations and sales 31%; and grants 7%.

Prawn Aquaculture Experimental Research Program. Affiliated with the Department of Animal Science, the project focuses on the biology and husbandry of the freshwater prawn, which has important potential for commercial aquaculture production. The annual support is about $170 thousand, split equally between state and federal sources.

PRINCIPAL ACADEMIC PROGRAMS

The Department of Oceanography offers M.S. and Ph.D. programs in physical, chemical, biological, and geological oceanography. Most of the twenty-one graduate faculty hold partial or full appointments in the Hawaii Institute of Marine Biology or the Hawaii Institute of Geophysics; these institutes thus support and facilitate the research efforts of the department's faculty and students, and most of the major areas of research by Oceanography faculty have been mentioned in the description of those units. In addition, marine microbiology is an important field of study within the department. There are approximately 50 graduate students, 30% of whom are foreign, and an annual enrollment of some 1500 in undergraduate courses offered by the department. Housed in the new Marine Science Building, which it helped to design, the Department of Oceanography enjoys outstanding facilities for its programs.

The Department of Geology and Geophysics offers B.A., M.S. and Ph.D. degree programs. Somewhat over half of the forty graduate faculty work in research areas which are wholly or partially marine. The department is housed in the Hawaii Institute of Geophysics building, and many of the graduate faculty hold split appointments with HIG; there are thus very close interactions in both research and teaching. The major marine research areas of the faculty have been described in the description of HIG. There are approximately 50 undergraduate majors and 60 graduate students (marine and nonmarine); 30% of the graduate students are foreign.

The Ocean Engineering Department offers M.S. and Ph.D. programs, specializing in the fundamentals of ocean waves, ocean structures, ocean energy, and coastal zone processes. The department is responsible for the operation of Look Lab, with its large-scale model and structure testing facilities, hyperbaric engineering capability, and access to the ocean. There are eight members of the graduate faculty and 23 graduate students, about half of whom are foreign.

The Department of Zoology, housed in Edmonson Hall on the Manoa Campus, was historically the first center of strength in marine science at the University of Hawaii, and it continues to make a major contribution to teaching and research in marine biology. About three-fourths of the graduate faculty of twenty-eight work in the marine area, and a number hold split appointments with the Hawaii Institute of Marine Biiology. In addition to the research described in connection with HIMB, Zoology faculty have expertise in such marine areas as comparative physiology and endocrinology, developmental biology, ichthyology, and invertebrate zoology. Most of the courses offered are either directly related to the marine environment or have a marine component. There are 100-120 undergraduate majors and 50-55 graduate students, 90% of whom are involved in marine research.

The undergraduate Marine Option Program, a project of the Sea Grant College Program, puts students in contact with advisors from the public and private sectors, who supervise internships/practicums/independent study; it provides material, equipment, and funds for students to acquire practical marine experiences; and it sponsors a variety of extracurricular activities which promote learning about the ocean through hands-on involvement. MOP equips its graduates with skills which complement the classroom/laboratory preparation of their traditional studies, and it accepts students from all areas, rather than being limited to science majors. Current enrollment is 391, from six campuses of the UH system.

IN SUMMARY

While the major facilities, research units, and academic departments described above are wholly or largely marine in orientation, and thus easy to identify, it must be re-emphasized that marine education and research spreads much more widely than this within the University of Hawaii, and often at very significant levels of effort and distinction. For example, there are important marine components within the academic departments of Animal Science, Botanical Science, Chemistry, Geography, Meteorology, Microbiology, Physics, Psychology, and others. In addition, of course, our unique mid-ocean location exerts a "marine" influence on almost every aspect of life in Hawaii, and thus on almost every program at this university, whether or not is is recognized!

HAWAII SEA GRANT COLLEGE PROGRAM

The University of Hawaii Sea Grant College Program is one of about 30 institutions of higher education located in coastal or Great Lakes states which comprise the national Sea Grant network. Like other Sea Grant programs, the UH Sea Grant College Program is mandated to conduct strong programs in multidisciplinary research, education, and extension services under the National Sea Grant Colleges and Program Act of 1966 (PL 89-688).

Over the 15 years of its existence, the UH Sea Grant College Program has made significant contributions to the state's economy as well as provided state and national leadership in several notable areas:

*The effects of the hyperbaric environment on human physiology

*The pioneering research on aquaculture species

*The culturing and production of the topminnow as an alternate baitfish

*The establishment of the dieoff threshhold of pathogens associated with sewage

*Innovative marine curricula

*Travelling marine exhibits and study guides

*Annual statewide symposium on marine affairs for high school students

*The Bluewater Marine Laboratory

*The Marine Option Program

Other program accomplishments are summarized in the one-page information sheet entitled, "The University of Hawaii Sea Grant College Program: A Dynamic Partnership."

Sea Grant research activities for the current biennium are summarized in the Project Directory which is attached. A few highlights are:

1. Aquaculture

Basic research on the genetics of the *Macrobrachium* is being conducted to domesticate the stock in the same way that chicken and hogs have been domesticated. Broodstock from several Southeast Asian locations have been obtained to develop new genotypes (see *Sea Grant Quarterly*, Vol. 2, no. 4). In addition, the practical management of feeding regimes are being studied in complex combinations. More basic studies on the physiology of the feeding behavior of the prawn are being conducted to determine what specific compound in a preferred feed "turns them on."

The basic chemistry of the earthen ponds in which prawns are cultured is being determined under both mono- and poly-culture management. Still another effort is attempting to characterize the high-production and the low-production ponds to increase management efficiency.

Startling information recently revealed that only about 25% of the harvestable stock is actually being netted. The impact of this inefficiency is not only loss of immediate income, but the long residency of the prawn impacts on the later year cohorts by stunting growth and exacting a toll on post-larval mortality.

2. Fish Aggregation Devices

Fish aggregation devices (FADs) are a proven technology for the capture of pelagic fish in the tropical Pacific and Indian Oceans. An aggregation device may be capable of aggregating and holding hundreds of tons of tunas for variable periods of time, yet little is known as to how and why these devices work. Knowledge of these mechanisms are crucial to any management and improvement of the system. At present 26 FADs are deployed in Hawaiian waters. Major problems facing FAD managers and users in Hawaii and elsewhere have been a lack of understanding of how these systems aggregate fish and the loss of FADs due to mooring line failures.

The State of Hawaii (DLNR) and the University of Hawaii Sea Grant College Program are supporting four research projects that are attempting to find answers to some of these problems. One project is presently outfitting one of the state FADs with equipment to determine loads that the mooring line is subjected to. The information from this study will be used to improve the design to increase the life expectancy of the system which presently is only nine months.

A second project is determining what prey odors are effective in attracting and eliciting feeding responses in tunas. Tests are continuing on captive yellowfin to determine what fractions of prey rinses are more effective. Thus far, the smaller fractions (10,000-500 molecular weight and less than 500 molecular weight) appear to be most effective. Equipment is being developed to utilize these prey odors for the attraction of tunas for handline fishermen thus lowering bait costs.

A third project utilizes ultrasonic transmitter tags to track individual tuna. Recently three successful tracks were completed. One of these tracks has demonstrated that small yellowfin have a home range of about 10 miles that persists for at least several days. Two other tracks show that small yellowfin can navigate and move between FADs (9 miles apart).

The fourth project has developed a preliminary model of recruitment and turnover in FAD-associated fish communities. Trophic relationships of a number of fish species in this community have been ascertained. Results of this work suggest that Hawaiian FADs may cause yellowfin tuna (a major component of the community) to tap food resources not normally used, thereby enhancing the tuna resource.

The preliminary hypothesis is that predators use a drifting object as a focal point in their search for prey. The floating object moves unidirectionally in a current system (or in the case of a moored object, the water flows by), thus object associated predators eliminate the searching of previously explored water and hence are more effective.

3. Resource Assessment of the Northwestern Hawaiian Islands

A two-and-a-half day symposium on the results of a five-year research program planned and carried out jointly by two federal and one state agencies and the UH Sea Grant College Program. The study involved field investigations which took researchers to the waters off the remote uninhabited islands which constitute the National Wildlife Refuge. They stretch about 1,200 miles to the northwest of Kauai. Researchers studied bird energetics, the Hawaiian monk seals, green sea turtles, bottomfish, plankton as primary producers, spiny lobsters, top predators such as sharks and coral reef formation.

The primary productivity study validated the analyses of trophic relationships of selected species. The ecology of the complex communities, particularly from the standpoint of naturally occurring predator-prey relations and artifically imposed fishing stress was studied to provide empirical data for a computer-based ecological model.

Social scientists discovered that given the limited exploitable fishery resources, conservations of the wildlife was given high priority by decision-makers and balanced economic development as management options for the Northwestern Hawaiian Islands. Further, analysis of institutional decision-making style found that large innovative changes would not be readily adopted as management options. Changes would occur in small increments.

4. Hawaiian Undersea Research Laboratory

The Hawaii Undersea Research Laboratory (HURL) is operated under a grant to the University of Hawaii from NOAA's Undersea Research Program.

From its certification in 1981, HURL's submersible MAKALI'I has completed more than 210 science dives in the Pacific. Its users are scientists throughout the nation whose proposals to use the submersible have been approved by a National Science Review Panel.

National interest in the seabed and subsoil resources in the EEZ is being addressed by the Sea Grant-funded project conducted under the HURL program. The study will characterize the hydrology and geothermal systems in the submarine rift zone of Hawaiian volcanoes. Preliminary results indicate that the active hydrothermal systems, which exist in the Hawaiian chain, are similar to those found elsewhere in the world. No exotic macrofaunae have been found in the fields that have been mapped to date.

The University of Hawaii Sea Grant College Program: A Dynamic Partnership

The University of Hawaii Sea Grant College Program is a **catalyst** which precipitates action in research, education, and extension services in the marine environment as a partner with state, federal, and private agencies. The intrinsic value is the high scientific quality of the work.

Some notable scientific achievements:
- The development of the flotation methodology for separating metals contained in manganese nodules
- The discovery of the "Darwin point" of the Hawaiian archipelago – the point at which coral growth and subsidence achieves equilibrium so that the reef neither expands nor subsides
- The development of an alternate diving table for scuba divers
- The first successful development of a hybrid broodstock of *Macrobrachium* spp.
- Eleven new species of gorgonians have been identified in Hawaiian waters
- The successful spawning of moi in captivity enabled researchers to close its biological cycle

In partnership with the State of Hawaii, the University of Hawaii Sea Grant College Program has:
- Supported the evolving aquaculture industry by providing the Division of Aquatic Resources with field agents to help establish aquaculture operations and answer crisis-oriented problems
- Studied effects of large-scale offshore dumping of manganese tailings from a land-based processing site to support the state's interest in seeking a manganese processing industry
- Supported the assessment of living resources of the Northwestern Hawaiian Islands in cooperation with state and federal agencies involved in marine resource management

In partnership with the counties, the University of Hawaii Sea Grant College Program has helped:
- The City and County of Honolulu save $120 million in capital costs for building secondary sewage treatment plants on the island of Oahu and $13 million in annual operating costs because Sea Grant researchers established the die-off rate of pathogens at the proposed discharge sites
- Maui county develop a facility for culturing topminnows as baitfish

In partnership with the private sector, the University of Hawaii Sea Grant College Program has:
- Taught fishermen in all counties how to use the "ika shibi" (deep handlining) method originally practiced only in one sector of the county of Hawaii. This has grown into a significant new fishery.
- Promoted harvesting of bottomfishing and deepwater shrimp by Kauai county fishermen through UH Sea Grant Extension Service workshops on gear development and fishery techniques
- Provided support for the establishment of a fuel cooperative for fishermen in Maui county
- Assisted the Guam Fishermen's Cooperative in upgrading fish handling
- Developed the first tide charts for Guam which are published in the local TV guide

In partnership with federal agencies, the University of Hawaii Sea Grant College Program has:
- Enabled the multi-million dollar Deep Underwater Muon and Neutrino Detection (DUMAND) program to develop data which demonstrated the feasibility of Keahole Point as the study site
- Supported research on spiny lobsters and bottomfish to provide the data needed by the Western Pacific Regional Fishery Management Council for the development of a fishery management plan for the fishery

In partnership with academic departments, the University of Hawaii Sea Grant College Program has supported both graduate and undergraduate student research projects. About 295 undergraduate students and 39 graduate students are annually supported. In addition, 104 professional staff carry out work supported by Sea Grant.

The Sea Grant Extension Service (SGES) is the outreach arm of the University of Hawaii Sea Grant College Program. Among other contacts, extension agents annually establish 900 and more contact times with fishermen and others involved in commercial fishing; 500 contact times with commercial seafood processors; and 1,000 contact times with aquaculturists and others involved in support industries and government.

The University of Hawaii Sea Grant College Program disseminates an average of 15 publications, including technical reports, conference proceedings, journal articles, etc., and monthly and quarterly newsletters.

The University of Hawaii Sea Grant College Program, as a partner to existing institutions, has made significant contributions to the understanding of the ocean environment and development and use of the marine resources of the state, region, and nation.

For further information, contact: University of Hawaii Sea Grant College Program
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DEVELOPMENT AND GENERAL CHARACTERIZATION OF GENETIC STOCKS OF MACROBRACHIUM ROSENBERGII AND THEIR HYBRIDS FOR DOMESTICATION

by Spencer R. Malecha[1]

Introduction

The genetic base of commercial prawn culture is quite narrow despite the fact it is becoming established in Hawaii (Lee, 1979) and elsewhere (IFS, 1980; Roberts and Bauer, 1978). Foundation stock for these efforts are usually based upon single samples from a specific area in the species' natural range. However, the latter is quite extensive (Figure 1) and therefore represents a potentially diverse genetic resource for prawn domestication. Members of the Hawaiian Prawn Aquaculture Research Project are attempting to utilize these genetic resources by developing, characterizing, and selecting stocks and their hybrids developed from newly imported founders collected from throughout *M. rosenbergii*'s native range.

The general results of stock development and hybridization as well as a vernacular description of the morphological (mainly color pattern) differences among geographic stocks and their hybrids are presented in this article. Technical details, quantitative analysis, and scientific terminology will be published elsewhere.

Parental and Hybrid Stock Development

Table 1 shows the results of crosses between founder parental groups and their offspring. Stock inventory comprises the imported parents (P) or the first (F_1), second (F_2), or third (F_3) generation crosses. Columns two, three, and four in Table 1 refer to subsequent milestones in the generation of a viable postlarval (PL) population. The values in a particular column, as a percentage of those in the preceding one, indicate the "success" of the manipulation or life history parameter given in that column. For example, the number of gravid females (column two) as a percentage of the number of mating attempts (column one) indicates the average rate of a successful mating. This would be roughly equivalent to the probability of achieving gravidity from randomly chosen and mated reproductively mature males and females. The number of live hatches (column three) as a percentage of the number of gravid females (column two) indicates the rate of success of incubation or embryological development. The state of gravidity implies successful fertilization whereby the female extrudes fertilized eggs from the gonopore into the brooding chamber located on the ventral surface of the anterior abdominal segments between the pleural plates. Unsuccessful matings result in no fertilization, and the eggs are released into the water within 24 hours of mating. Some successfully mated females "strip" their eggs before the full duration (usually about 15 days) of the incubation period due to visual, auditory, and tactile disturbances. In column three of Table 1, the number of larval populations surviving to PL as a percentage of the number of live hatches indicates the rate of success of complete larval development.

TABLE 1. RESULTS FROM CULTURED PARENTAL CROSSES. EACH COLUMN REPRESENTS A TEMPORAL PROGRESSION IN GENERATING A LIVE POSTLARVAL POPULATION

	Mating Attempts[1]	Gravid Females	Live Hatches	Populations Surviving to PL	Generation[2] Available
Anuenue	307	246	110	81	Various
Australian	140	17	5	3	F_1
Sri Lanka	100	15	5	4	P, F_1, F_2
Taiwan[3]	7	1(4)	0(3)	0(3)	P, F_1
Palau	39	26	6	2	F_1
Philippine	58	13	6	4	P, F_1
Sarawak	92	50	23	16	P, F_1, F_2, F_3
Thailand	20	17	13	11	P, F_1
Malaysian	85	55	21	13	F_1, F_2, F_3
TOTAL	848	440	189	134	

[1] Usually single pair matings

[2] Parental (P) founder, first (F_1), second (F_2), third (F_3)

[3] Parenthesis indicate four gravid females were imported directly resulting in three live hatches and one (mixed brood) surviving PL population

Successful hybrid crosses have been made between an Anuenue dam and a sire from the following areas: Australia, Sri Lanka, Sarawak, Palau, Thailand, and the Philippines. Reciprocal crosses have been made between a Malaysian dam and an Anuenue sire.

Intraspecific Variation

Extensive quantitative analysis of electrophoretic variation (Malecha et al., submitted to *J. Heredity*) shows that there are two major divisions in *M. rosenbergii*, Western and Eastern. The latter is further differentiated by general morphology and color pattern, resulting in a total of three distinct morphs (Table 2). The New Guinea morph may ultimately constitute an additional type, but limited data on only very large adults do not allow a very definitive description of its variation. It resembles the Western type except for the presence of rostral base spots.

Western. This morph is the most well known form of *M. rosenbergii* (Figure 2) and includes the ubiquitously cultured Anuenue stock. It can be found in India, Thailand, Sri Lanka, and the Indonesian and Malaysian Archipelagos. The overall color ranges from light olive green to dark brownish, depending upon the background. The animals do not have pronounced dorsal bilateral spots at the base of the rostrum. Juveniles have horizontal stripes on the cephalothorax and light spotting can be seen throughout the carapace. (It has a red rostrum only in the smaller juvenile stages.) The antennae are reddish and the antennules blue.

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TABLE 2. MAJOR MORPHOLOGICAL AND COLOR PATTERN DIFFERENCES READILY SEEN WITH THE UNAIDED EYE AMONG THREE INTRASPECIFIC GROUPS OF *M. ROSENBERGII*

Character	Western	Eastern[1]	
		Australian	North Eastern
Adult rostrum color	Same as body	Same as body	Prominent red[2]
Rostrum shape	Long, curved	Short	Long, curved
Antennae color	Reddish	Reddish	Blue
Antennule color	Blue	Blue	Blue
Rostral base spots	Diminished	Prominent	Prominent
Terminal chelae[3] segment	Thin	Thick	Thin
Chelae color[4]	Blue, dark blue	Purple	Blue, dark blue
Chelae joint color	Same as chelae	Same as chelae	Reddish
Body markings[5]	Scattered juvenile spots	Pronounced spotting in juveniles to subadults	Very pronounced mottling in juvenile to small adult

[1] The New Guinea animals are not described here due to limited data.

[2] Diminishes somewhat in older, larger animals.

[3] Refers to long, prominent second pereiopod in mature males.

[4] Except for "golden claw" Western morph and "yellowish claw" Australian morph; see text.

[5] All markings are diminished or "invisible" in older, larger adults. Rank order for persistence is North Eastern > Australian > Western.

Australian. This morph (Figures 2 and 3) is represented by animals collected from northern Australia (Figure 1) and is characterized in the juvenile stage by pronounced spotting and "flecking" throughout the carapace. These markings, which fade in the adult stage, are not as prominent as in the North Eastern morph, but are much more prominent than in the Western one; they appear as if the North Eastern pattern has been "broken up" into very small ("dot-like") spots intermingled with slightly larger ones. Adults have prominent, dark bilateral spots at the base of the rostrum. Chelae (second pereiopods) in both males and females can be completely purple, even iridescent. This is analogous to the blue claw in the Western and North Eastern morphs. Alternatively, the purple areas can be restricted and displaced by light yellowish areas (Figure 3), apparently analogous to the "golden claw" form of the Western morph. In addition, in mature males the terminal chelae segments are wider than those of the Western or North Eastern morphs (Figure 4). The Australian morph has a rostrum which does not extend much beyond the tip of the antennae scale. As in the Western morph, the antennae and antennules are reddish and blue, respectively.

North Eastern. This morph can be found in the Philippines (Figure 5), Palau, and Southern Taiwan; in one case it was found in Indonesia. Animals up to 100 grams or so are characterized by very prominent dark stripes. This pattern is not "regular" (like a zebra) or "spot-like" (like a leopard), but has a mottled appearance resembling short, irregular "bands." The North Eastern morphs have bright red rostrums in the juvenile and subadult stages which diminish somewhat in the larger adult stages. The antennules are dark blue as in the other morphs, but the antennae are blue or bluish. The blue color can lighten or "flush out." The joints of the chelae are reddish-orange.

Color pattern of hybrids. Figure 6 shows the carapace color pattern phenotype in hybrids of Western and North Eastern parents, in this case an Anuenue x Taiwanese cross. Progeny show no dominance of one color over the other, i.e., their phenotypes can be described as intermediate between the parental forms. However, there seems to be some maternal influence on the hybrid phenotypes. Figure 6 shows the intensity of Taiwanese mottling pattern in the hybrids. This pattern is greatest when the maternal phenotype is Taiwanese. The genetic basis for this effect is not known at present.

An Australian (paternal) x Anuenue (maternal) hybrid is shown in Figure 7. The prominent dorsal spots and purplish chelae are diminished in the hybrids. The chelae size and color as well as the carapace seem to be intermediate. The body markings of an Australian x Western hybrid is variable but the hybrid pattern persists beyond a comparable stage when Western juveniles begin to lose their markings.

Conclusion

Macrobrachium rosenbergii has undergone substantial racial divergence over its natural range and the populations sampled represent a diverse genetic resource readily available for prawn domestication. It is believed that the best genetic improvement strategy is selection, preceded by an analysis of the intraspecific physiological variation. Selection can be done within an existing genetic stock or from one created from base populations representing several geographic areas. It is partly to that end that current research efforts of the Hawaiian Prawn Aquaculture Research Project group are directed.

Acknowledgments

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AREA STUDIES

In area studies, we are currently among the top schools in the nation for Asian and Pacific studies, and we're working hard to become number one. Because of our nearness to Asia and our unique cultural heritage, we're in an excellent position to do so. Since the University of Hawaii was established in 1907, Asia has held a special place in our curriculum, and we currently offer around 500 courses with Asian content.

In 1980, we established a Center for Asian and Pacific Studies to coordinate and strengthen our resources, which include the largest concentration by far of Asian and Pacific specialists of any university in the United States. This new center is harnessing the energies and interests of over 600 faculty members, is carrying out research and other special programs, and is working to make our resources better known both locally and nationally.

Our capabilities and knowledge about Asia and the Pacific are truly a national resource. For some years now this has been recognized by way of grants from the U.S. Department of Education under its "national resource center" program. In national competitions, our programs on East Asia, Southeast Asia, and the Pacific Islands have been consistently selected to receive these grants. We have the only such center for Pacific Islands studies, and we are one of only three centers in the nation for Southeast Asian studies.

Given the increasing importance of Asia and the Pacific to the national interest, we believe that here at the University of Hawaii we are making a contribution of significant value to the country.

EAST ASIA

Given your expressed interest in Southeast Asia, let me just give you an idea of the scope of our East Asia program and then move on to more detail on Southeast Asia. In the 1982-83 academic year, more than 500 students were pursuing undergraduate or graduate degrees with a concentration on East Asia. We had 152 East Asian specialists actively teaching about East Asia in 279 formal courses with a combined enrollment exceeding seven thousand students.

Our East Asia program also includes activities similar to those carried out in the Southeast Asia program.

Southeast Asia

The Southeast Asian Studies program, which is a component of the Center for Asian and Pacific Studies, offers undergraduates and graduates a multi-disciplinary approach to the study of the countries of Southeast Asia. Faculty members affiliated with the program specialize in a wide variety of disciplines, bearing on every country of the region. Last academic year, more than 70 faculty members taught 151 courses with content about Southeast Asia, with a combined enrollment of over 3,000 students. Seven Southeast Asian languages are taught, at three to four different levels.

The Southeast Asia program has distinguished the University in several areas. In no other institution of higher education in the United States are there three tenured faculty specialists on Vietnam, nor three Southeast Asianists within a single department (History), a distinction Manoa has maintained for over a decade now. Eight years ago, the Philippine Studies program was founded, and it remains the only one of its kind in the country.

Because of its dynamism, our Southeast Asia program has been selected by the U.S. Department of Education to be a "national resource center" for Southeast Asia, and is one of only three such centers in the United States. Title VI grant funds have allowed the program to extend even further the scope of its activities. This year, nine of our graduate students received fellowship support, and of these two are studying in Indonesia. During the past two summers, the National Resource Center has conducted, with much success in terms of University-wide and community participation, institutes focusing on the languages and cultures of the Philippines and of Vietnam. Each year, a number of scholars from the U.S. mainland and abroad visit our campus under the auspices of the program's "Distinguished Scholars Series" to deliver public lectures, meet with students, and consult with faculty. A joint program with the Pacific Asia Management Institute at the College of Business Administration enables a Southeast Asian economist to travel to Hawaii each year to lecture in that institute's popular summer program. Federal funds also make it possible for faculty, graduate students and the outreach coordinator to travel to the outer islands, the mainland, and abroad to attend professional meetings, or address secondary school classes and community organizations. In 1982-83 the program organized more than twelve such activities on the neighbor islands. In addition, five workshops have brought the complex issues of Southeast Asia to over 300 teachers in the State, thereby providing them with updated information to be used in our secondary schools.

For the coming year, the NRC at Manoa is initiating some new projects in conjunction with the professional schools on campus. It will organize workshops designed to permit agriculturalists to familiarize themselves with the cultures of the Southeast Asian countries in which they will be applying their technical knowledge. Special language materials are being prepared for public health students to facilitate their communication with the peoples of the countries of Southeast Asia in which they may be called to serve. The Department of Journalism is scheduling two courses on the media in Southeast Asia and will also hold a "roundtable discussion" on business journalism in Asia and on the state of the news media in Asia.

These represent highlights of current program activity areas.

Pacific

The Pacific Islands program "PIP" began around 1950 when a small group of faculty and students formed an informal seminar to discuss their Pacific research and interests. From that beginning, it has become the only program in the Western hemisphere offering graduate instruction in Pacific Island studies.

Although the MA degree in Pacific Islands Studies was authorized in 1950, the first degree was not actually awarded until 1956. The recipient was Ms. Marion Kelley, who has been a staff member and researcher with the Bishop Museum for 23 years. The second MA, in 1964, was awarded to Mr. Robert Sparks, director of the University Press of Hawaii since 1967. To date, 51 MA degrees have been awarded. Two of the most recent students in the programs are career diplomats in the United States Foreign Service and are now serving in the only two American embassies in the Pacific, Fiji and Papua New Guinea.

The program is multidisciplinary in nature. All students are required to develop a solid command of the anthropology, geography, and history of the Pacific. After they acquire this background, their MA theses and papers reflect their own particular interests. The faculty is composed of a director and 24 members with home bases in traditional disciplines and departments at the University or with appointments at the Bishop Museum or East-West Center. Two hundred and thirty-five faculty members with primary teaching or research interests in the region serve as resources to the program.

Significant developments in the program since 1978, when the current director, Dr. Robert Kiste, was appointed, include the following:

- Requirements for the MA have been made more stringent and the number of students pursuing the degree has more than doubled to a current 25.
- A certificate has been added to the instructional program for graduate students in traditional disciplines whose courses of study include a substantial Pacific component; five students are currently pursuing the certificate.
- Funds were received in 1979 from the Historic Preservation Office, U.S. Trust Territory for the Pacific Islands, to launch a project to translate ethnographies derived from the colonial era in Micronesia.
- In August 1979 a cooperative relationship was established with the South Pacific Commission. This is the only regional organization that includes all independent and self-governing nations and all dependent territories. The number of UH faculty members serving as consultants and instructors for SPC projects continues to increase.
- In fall 1980 funds from the Asia Foundation helped to establish a student-faculty exchange program with the University of the South Pacific, Suva, Fiji.
- During the 1980-81 academic year, program director Kiste chaired the Oceania Panel of the National Council for Foreign Language and International Studies, which evaluated the nation's needs for training and research in the Pacific. Kiste was also recently appointed by Hawaii Governor George Ariyoshi to the State's Advisory Council on Foreign Language and International Studies.
- Grant funds from the U.S. Department of Education have been received yearly since 1979, and current funding has been increased from $96,000 to $120,000 a year.
- Beginning with the 1980-81 academic year, PIP has been involving distinguished Pacific Islanders in the program in various capacities. Dr. Macu Salato, former Secretary-General of the South Pacific Commission, was a Fulbright Scholar-in-Residence in 1980-81; he will return to campus for the month of March to participate in seminars and serve as a resource person to faculty and students. During the present spring semester 1982, and in a joint arrangement with the East-West Center, Mr. Palauni Tuiasosopo, Assistant to the Governor of American Samoa, is in residence. Mr. Ralph Wari, a citizen of Papua New Guinea, who helped to organize the Third South Pacific Festival of Arts in his home country, is a Fulbright Fellow pursuing the MA degree. With financial assistance from the East-West Center, Mr. Jon Jonassen of the Cook Islands is also pursuing the MA and is expected to assume a responsible government position on his return to his home islands.
- Funds from the University of Hawaii Foundation and private sources have provided a subsidy for the publication of a Pacific Island Monograph Series. The initial volume, The First Taint of Civilization, is a history of Micronesia. The second volume is in press.

With the creation of the Center for Asian and Pacific Studies, the University's reaffirmed commitment to Pacific studies, and the increasing world-wide interest in the Pacific Islands, the potential for further development of Pacific Islands studies at the University is gaining momentum.

Senator WEICKER. Before moving on to Dr. Li, it was my intention to this afternoon, to go to Kalaupapa. Senator Inouye has just been informed that because of weather conditions which certainly don't appear in the 10-color brochure that we got on the mainland, that we should not make that trip this afternoon. Nevertheless, it would be my hope, since I have 2 days left, to go over there either Wednesday or Thursday as we planned today, if flying conditions permit it.

Senator INOUYE. Yes, sir, we can go on that trip. You're my chairman.

Senator WEICKER. Well, there are some things that are de jure, and other powers de facto. And Senator Inouye's power is de facto.

STATEMENT OF DR. VICTOR HAO LI, PRESIDENT, EAST-WEST CENTER

Senator WEICKER. Dr. Li, it's nice to be in your facility here, to have enjoyed over the years the advocacy of what it is that you do, via Senator Inouye. And I can assure you that there is only a slight jest in my opening remarks and the Senator has totally convinced me of the worthwhile aspects of what it is you do here. I'm looking forward to your testimony and looking forward to supporting your endeavors.

Your statement will be placed in the record at this point.

[The statement follows:]

STATEMENT OF VICTOR HAO LI

I. The Asia/Pacific Region

The United States has historically looked inward to find resources or seek solutions to our problems. When we did look outward, our gaze was directed primarily toward Europe, and more recently the Middle East. Our Atlantic orientation was perfectly reasonable since this country's cultural and ethnic roots grew out of Europe. In addition, our trade and contacts with Europe were important factors in America's economic and technological development, particularly in the late 19th and early 20th centuries. And during the past decade, threats to our energy lifeline have turned some of our attention to the Middle East.

With this orientation, Asia and the Pacific are distant places--distant both physically, and maybe more important, distant psychologically. The gulf between the United States and the Asia/Pacific region is further widened by vast differences in language and culture that obstruct communication.

Yet virtually all analysts agree the coming decades will be "the era of the Pacific"--indeed, we may have already entered this era. Economically, the Asia/Pacific region is now our largest overseas trading partner with 40% of our total world trade, readily exceeding our trade with Europe. The value of cargo moving across the Pacific is greater than that moving across the Atlantic. More important for the future, this region is where the economic action will take place in the years to come. The resurgence of Japan from the destruction of World War II to becoming a leading industrial power is well known. But no less important has been the record of growth of most of the developing countries of the Pacific Basin. For much of the 1970s, while the United States and Europe were moving along at a sluggish growth rate of three percent or less, areas such as South Korea, Singapore, Hong Kong and Taiwan--the so-called NICs, newly industrializing countries--were growing at around 10 percent a year. The "near-NICs" such as Indonesia, Thailand, the Philippines, and Malaysia were not far behind. In the next few years, China, the sleeping giant, may be awakening.

So if one is seeking economic growth and opportunity, the place to look is Asia and the Pacific. At the same time, we should not forget that with growth comes challenge. We already see that from Japan. The NICs and near-NICs, bringing new problems, will not be far behind in this aspect either.

Politically and in terms of national security, the Asia/Pacific region also occupies a vital place in our concerns. The last three wars of the United States were fought in whole or in part there. More important, as we look to the future, there is a major change of attitudes and arrangements beginning to take place in Asia, a shifting, if you will, of the political tectonic plates that were set in place after World War II and the end of the colonial era. At present, Japan is trying to define its place in a post-post-war world where Japan is no longer a latecomer and follower but rather a leader and innovator across a broad front. Given the history of the past century, this search for a new role will be difficult and uncomfortable. We may be unable to predict the final outcome; but it is indisputable that the Japan of ten or twenty years from now will play a very different role than the Japan of the post-war period.

The shifting of the political tectonic plates is occurring right across Asia. The Sino-Soviet alliance of the 1950s has completely broken down, and China is now seeking to establish fundamentally new political and economic relations with all its neighbors. The "de facto alliance" between the United States and China has leveled off, but great possibilities remain for the future. At the same time, some Southeast Asian states view China's emergence in the international arena with mixed feelings: glad that the period of isolation and strained relations is over, but concerned over possible future efforts by an increasingly strong China to influence events in the area. In the next quarter century, we also may see a resolution of the "Taiwan question," as well as the confrontations on the Korean peninsula and in Indochina.

A part of these political changes involves a generational change sweeping across all levels and sectors where leaders whose formative years were World War II and the colonial era are being succeeded by a younger generation who are more technically oriented and more international in outlook and yet, at the same time, more nationally minded, locally trained, assertive of their own cultural values, and willing to question the Western way of doing things. The most striking example is Malaysia, but countries such as Singapore, Indonesia and China are fast approaching a similar turning point. This generational shift, accompanied by rising standards of living, will bring issues of culture and cultural policy to the forefront of national concerns in the coming years. Already in the moral education campaign in Singapore, the religious revival in the Islamic countries of South and Southeast Asia, and the dramatic debates in China, fundamental questions are being asked: What are the social--not just economic--goals of development? How should new technology and organization be reconciled with long-standing cultural values and social patterns? Can each culture find a satisfactory synthesis of indigenous and foreign influences?

On the humanistic aspects of culture, not much need be said about the Asia/Pacific region beyond the simple assertion that it contains the richest collection of human development and diversity in the world. This diversity presents us with the best opportunity for developing creative patterns of cooperation and human enrichment. But it also is fertile ground for producing misunderstanding.

That is the good news about Asia and the Pacific, a place of opportunity and excitement. But there is bad news as well: our national capacity for dealing with this region is very poor indeed. Just looking at language capability, for example, how embarrassing--and possibly dangerous--it was that for the first few years of America's dealings with the People's Republic of China, interpreters for discussions between the American and Chinese heads of state had to be provided by the Chinese side. Several months ago, I was told by a leading Australian that there are more people in his country--which has a population of only 15.3 million--studying Japanese than in the United States.

The issue goes beyond simply being able to speak another language; the very learning of another language pushes us to learn about the values and problems of other people, and thus provides the basis of developing mutual understanding. For example, I suspect most Americans do not know where is the Strait of Malacca or what flows through Lombok Strait, although these two critical channels which connect East and Southeast Asia to the Middle East and Europe greatly shape the perceptions of people in the region. And even after the Iranian revolution, we still are not doing much to learn about Suffi mysticism and how it might affect developments in a broad Islamic arc swinging from Pakistan through Bangladesh, Malaysia, and Indonesia.

For our own good as a country and for the good of the entire region and the world, we must increase our capacity for dealing with Asia and the Pacific and their capacity for dealing with us in return.

II. Mechanisms for Cooperation with the Asia/Pacific Region: The Need

In light of the fundamentally changing importance and nature of the Asia and the Pacific discussed above, what must we in the United States do to improve understanding and relations with the peoples and governments of the region? Our total scholarly resources for dealing with this issue, while limited, are still considerable. But several basic and damaging deficiencies exist.

Most of our scholarly resources are located in universities. The organizational structure of universities, however, create two major obstacles to cooperation with scholars in the Asia/Pacific region.

Universities are largely inward-looking. Most of the scholarly work is done by permanent members of the faculty, leavened only by a few visiting professors each year. With the exception of major scientific laboratories, there is no adequate mechanism for systematically working with scholars from outside one's own institution--the number of visiting scholars a department or school can invite each year is simply too few.

When this situation is applied to Asian studies, the net result is that American scholars work _on_ Asia but not _with_ Asia or Asian scholars. Thus, while there are many examples of excellent studies on one or another aspect of Asian culture or politics, there are virtually no comparable examples of truly collaborative efforts between American and Asian scholars. This is a major shortcoming in our national effort to deal effectively with Asia. Such an approach tends to downgrade the importance of work done by Asian scholars and to deprive ourselves of the better access to indigenous resources which local scholars have. In the last analysis, we become outsiders looking in. An outsider may retain greater objectivity and bring a fresh perspective to bear, but at the same time, the outsider may be less well informed about actual local conditions, and certainly is far less able to disseminate findings locally and to help bring about change.

We must, in Chinese parlance, "walk on both legs." The outsider scholar working _on_ Asia makes an important contribution to understanding. What must be added to our national capacity is working _with_ Asian scholars on issues of mutual interest.

Looking to the future, this latter aspect will become even more important. The economic growth and cultural resurgence in Asia discussed earlier force us to take most seriously the work done and views held by our Asian colleagues. Economically, and in some areas technologically, Asia already is or soon will be our full and equal partner; no less should occur in the scholarly sphere. And, if we want to make significant contributions to shaping the dynamic social change taking place in Asia, we are most likely to succeed through working collaboratively with our Asian colleagues.

I should add that the above discussion on our working with Asian colleagues applies with equal force to their working with us. These Asian scholars are some of the key conduits for bringing an understanding of the United States to Asia. They will be more effective in this role if we are full partners in their scholarly work.

The structure of universities produces a second problem, albeit one of lesser importance. Being organized by departments and disciplines, universities traditionally have had great difficulty fostering broad interdisciplinary work. This narrowness in approach creates special problems for dealing with Asia and the Pacific. As discussed below, many of the critical issues confronting the region are large systemic matters which cannot be adequately dealt with from the point of view of a single discipline. For example, coping with rapid urban growth involves not only urban planning, securing food and water supplies, providing employment, etc., but also must deal with the education system, changes in both rural and urban family structure, and ultimately the reshaping of cultural values.

In addition, working with Asia brings to the forefront the question of how cultural differences among societies affect the manner in which each society views a problem or implements a program. This question is not carefully treated in Western writings because, I suspect, the cultural differences between the United States and England or France and Italy are really not that great. But in Asia, differences are dramatic. For almost any issue, ranging from implementation of the Green Revolution to the introduction of satellite communications, one must examine how each factor differs when seen from the perspective of Islamic Indonesia or Buddhist Sri Lanka or syncretic Japan. For example, a Center project has been studying how each culture perceives what is well-being, and therefore what is not-well-being and how such a condition should be treated. Thus, a Japanese foreign student having Japanese perceptions of mental health may well have difficulty responding to Western methods of treating mental illness which spring from different conceptions of well-being. Language also poses a serious problem when dealing with Asian culture. There is no adequate way, for example, of saying "privacy"--a basic philosophical and legal concept in the West--in Chinese. Nor can the Japanese idea of _amae_, which defines some fundamental human and social relationships, be readily translated into English. This new kind of cultural study requires a merging of the sciences, social sciences and humanities. Universities with their separation into departments generally have not been successful in fostering such broad collaboration and interdisciplinary work.

III. _The East-West Center_

The East-West Center tries to fill the gaps discussed above, and thereby form a partnership with universities and other institutions which gives us the necessary national capacity in all aspects of scholarly interchange.

Our core staff of research associates and fellows help identify the _critical issues_ arising in the Asia/Pacific region for which the Center will try to seek solutions. In doing so, we consult closely with colleagues in Asia so that the selected topics are of genuine mutual interest. We also try to select problems of _practical_ import--both because universities have better resources to deal with theoretical and conceptual studies and because the comparative advantage of our problem-oriented institutes is interdisciplinary research, including working with practitioners as well as scholars.

Each year, over 2,000 visiting scholars, government officials, journalists and other professionals, and graduate students receive grants from the East-West Center for research and study. These grants are the actual _mechanism_ by which the needed linkages discussed in the previous section are established and sustained. Two-thirds of the grants are given to people from the

Asia/Pacific region and the rest to people from the United States. (See Appendices A, B, C, and D for participant data.)

Over the years, the East-West Center has built a reputation for being an open forum where all points of view can be readily expressed and where work of high quality is carried out. Consequently, scholars and government officials are willing to bring their ideas and data to the Center and engage in frank discussion. For example, scholars from the People's Republic of China and from Taiwan often take part in the same workshops, discussing together subjects ranging from nuclear energy to Chinese language modernization. Similarly, in a workshop on the petroleum potential of the South China Sea, the participants were asked to step out of their governmental capacities so that they could discuss possible methods of joint exploration and exploitation without first having to deal with the politically difficult issues of boundary disputes. Such an approach enabled the participants to think through what heretofore was an unreachable subject. Finally, in addition to dissemination of our work through scholarly channels, we are particularly concerned that our research produces concrete results which then can be implemented. Such implementation ensures that our work is of practical use, and also provides an important evaluation of our efforts. Thus, when a Philippine presidential decree incorporates a forest land use policy collaboratively developed at the Center or land cultivation policy shifts in China following an East-West Center conference held there, we can be assured that knowledgeable people with responsibilities in these areas have judged the Center's work to be useful and important. I should add that implementation is greatly facilitated by the fact that many of the people in charge of this aspect may have been working with us from the inception of our projects.

Let me illustrate several of these factors with examples from the Center's work.

A. Critical Issues

The explosion of new information technology is greatly affecting not only the developed countries but also the developing countries of Asia. The Palapa communications satellite put up by the Government of Indonesia created the capability of having television reach all parts of that large and diverse country. In 1976 the Government asked the East-West Center to organize a systemic study of the effects of television, both positive and negative, on rural development. This study, largely financed by the Indonesian government and done in collaboration with Indonesian researchers, was the first of its kind in the world. Over a period of six years, changes in matching pairs of villages, one with television and one without television, were compared. One of our findings was that after viewing television, the villagers have significantly improved their ability to understand the national language, Bahasa Indonesia. Among those who have had little schooling (less than primary school graduation), the increase is particularly pronounced, from 69% to 91% for the spoken language, and from 48% to 73% for the written language. Television in Indonesia, with its strong accent on public education, also has contributed to the villagers' knowledge about a range of development-related issues, including family planning.

One possible adverse effect of television concerned consumer habits. Television commercials stimulated consumption of the advertised items, mostly of foreign origin, in the villages. The most dramatic example is soft drinks where in six years consumption rose 45% among viewers (as contrasted with 14% among non-viewers.) Partly as a result of this finding, the Indonesian

Government took the rather drastic step of abolishing all television commercials.

The Palapa study was so successful that the Australian Ministry of Communication will work with us on a similar project after Australia launches its next satellite. In addition, the Indonesian Ministry for Population and the Environment has suggested expanding our collaborative efforts to see how rapid urbanization and influx of modern technology will affect indigenous value systems, family relations, and economic life. We also will try to devise an "early warning system" to indicate where problems are arising as traditional systems undergo change.

The energy needs of the Asia/Pacific region are another critical issue which the East-West Center addresses. For example, the OPEC Downstream Project analyzes the impact of the massive petroleum processing build-up (refining, petrochemicals and tanker transportation) by the key OPEC nations on the energy policies of the oil-importing nations of developed and developing world. The build-up has greatly affected the world petroleum market because the decline in oil demand has resulted in excess petroleum processing capacities of 30 to 40 percent around the world. The additions by the OPEC nations have put great strain on the profitability of the existing facilities in the oil-importing nations. A related project then applies the results of the OPEC downstream investments to the case of Asian oil importing nations.

These projects have now been established among the world's leading research efforts on petroleum studies. In the past two years, the research results have been cited in numerous major oil industry journals and books. Many requests come from governments around the globe for assistance in petroleum policy planning. During the Fall of 1983, for instance, the projects have responded successfully to:

- Request from the Government of Korea, Ministry of Energy, to devise a long-term oil import strategy and rationalization plan.

- Request from the Government of Saudi Arabia, Ministry of Planning, to devise a long-term oil export plan with regard to refined products.

- Request from the U.S. Government, Department of Energy, to assist in developing a contingency planning model in the case of oil supply interruptions.

Not all of our studies deal with the great macro-problems of the region. Some projects pinpoint specific issues such as why the suicide rate among adolescent males in Micronesia has reached epidemic proportions (250 suicides per 100,000 population in Truk, a rate ten times that of the United States). The causes appear related to a breakdown of traditional social structures and dispute resolution processes without an accompanying creation of new mechanisms for handling conflict. We are working with government agencies and WHO to implement some solutions for this problem.

Other projects are of a more scientific or technical nature. For example, studies we have carried out indicate that there may be considerable quantities of the strategic mineral chromite in the South Pacific area. In addition, within 200 miles of Hawaii and other nearby American islands, there may be substantial deposits of "manganese crust" containing cobalt, manganese and nickel. Moreover, these deposits are likely to be commercially more important than the deep-sea manganese nodules. If our expectations prove correct, these findings should have a major bearing on American attitudes toward the Law of the Sea Treaty.

Still other projects deal with the traditional rural sector. Much effort and money have gone into studies of industrial pollution, auto emissions, and cigarette smoking--all aspects of modern life. Yet, most of the world's population relies almost exclusively on traditional biomass fuels--fuelwood, animal dung, and crop residues. When cooking is done indoors, field measurements indicate that pollution concentrations are orders of magnitude higher than the ambient air quality levels recommended by the World Health Organization for public exposure. For some pollutants, it is equivalent to smoking 20 packs of cigarettes per day. As a result of this project, the Government of India is undertaking a major effort to tackle this problem. WHO also is working on a set of policy recommendations.

B. Project Selection

The Palapa satellite study is an example of how projects are selected and formulated by the East-West Center, working in collaboration with colleagues in Asia. Similarly, the National Planning Office of Papua New Guinea requested and funded a mineral resource assessment in order to find the most favorable alignment for a Trans-Island Road, the nation's most ambitious infrastructure project, and to formulate a national socio-economic plan for "disadvantaged" provinces.

The Center helped conduct an overall assessment of the mineral resource potential of the country and also developed a hierarchical ranking of provinces, based on resource potential, which could be used by the National Planning Office as a priority setting criteria in the allocation of social investment (e.g. health and education budgets). Using deposit modeling techniques, we are now trying to quantify undiscovered mineral deposits and to develop, based on geologic analogies, a planning scenario which will be useful in formulating the long-term growth of Government expenditures and the debt service capacity of the National Government.

Many projects arise not from specific requests or suggestions, but out of working relationships maintained among colleagues for many years. Since 1971, the East-West Population Institute has organized nine meetings of the heads of census and statistical offices of the nations of Asia, Pacific, and the United States. The Eighth Population Census Conference was hosted by the Korean Government, and the Ninth Conference was held in Tokyo in March 1983, hosted by the Statistics Bureau, Office of the Prime Minister.

National censuses are a costly but essential source of population, social, and economic data needed by governments to govern, to develop legislation and programs, and to anticipate future needs. With millions of dollars being spent by individual countries to take and process census and survey data, it is important that the data be as complete, accurate, and useful as possible. Through the network of the Population Census Conference, it has been possible to improve planning, training and tabulation as well as processing and analyzing data.

The heads of census and statistical offices, usually accompanied by their demographers and statisticians meet with academicians and population specialists to discuss common problems and to exchange information about new techniques and programs. Each meeting has identified a research and training agenda. One example of information sharing and technical cooperation is the training of personnel and installation of computer software to utilize the "own-children method" developed by Dr. Lee-Jay Cho, Population Institute director, to generate better fertility and mortality estimates from census data.

The Population Institute has developed such an excellent reputation in census work that the People's Republic of China's State Commission on Planned Births has signed an agreement with the Center whereby we will assist in analyzing their 1982 national population survey, the largest such effort in human history. The survey is an invaluable source of population data for the one-fourth of the world's population, and also will provide necessary information for formulating future population policy.

C. The Pacific Islands Development Program

The East-West Center's most ambitious and successful effort to integrate local opinions from the countries where we work into our own decision-making processes has been the Pacific Islands Development Program (PIDP). This program was established by the Center in 1980 following an unprecedented conference in Honolulu of heads of government and top government leaders from 20 Pacific island nations. At the conference, concern was expressed that research and other related activities undertaken in the Pacific by scholars or agencies of major countries or by international organizations often did not match the island leaders' own perceptions of their development needs. To meet this concern, a Standing Committee of eight heads of state or heads of government was formed (chaired by Prime Minister Ratu Mara of Fiji, who also serves on the East-West Center's Board of Governors) to give policy guidance to PIDP. The Standing Committee has suggested that six specific projects be undertaken. It also meets regularly to review the work of PIDP and to receive our findings and recommendations for possible implementation.

Through its research and training activities and its technical assistance efforts, PIDP has evolved in the past three years into an effective research institution working in 19 of the 22 island countries and territories. This phenomenal growth is indicative of the relevance of PIDP's research activities to the development needs of Pacific nations and also to a mutuality of interests to develop better relations and understanding between the island nations and the East-West Center, and through the Center, the United States.

PIDP is currently engaged in several major areas of research activity, each designed to provide policy advice, training and technical assistance to Pacific island governments. Let me give two examples. The Pacific Energy Project has assisted 13 Pacific countries and territories in evaluating their energy needs. In each case a local counterpart has been trained through involvement in the research project to continue and extend the evaluation process. Current PIDP energy activities involve an examination of petroleum options in the Pacific; an evaluation of the socio-economic impact of rural electrification projects and also the possible ways to minimize the costs of these projects; the production of educational materials for energy planning and development; and an examination of the energy policy options for Micronesia.

Based on the results of the energy research already accomplished, a total of some $8.2 million has been attracted or earmarked by a number of Pacific nations for energy demonstration projects and technical assistance, including about $6 million from the European Economic Community to the Pacific members of the African/Caribbean/Pacific group of the EEC and $2 million earmarked by the United Nations for the remaining Pacific nations. In addition, as a result of our energy survey and technical assistance, the governments of the Republic of Kiribati and the Federated States of Micronesia have adjusted their energy tariffs to put them on a more economic basis.

The Pacific Energy Project has developed an extremely effective network for cooperative activities with the United Nations Pacific Energy Program based in Suva, as well as the United Nations Development Program, the European Economic Community, the USAID, and the South Pacific Bureau for Economic Cooperation. In addition to the tight cooperative link PIDP maintains at all times with the governments and related agencies in the Pacific region, a productive link also has been established with Congressional staff in Washington aimed at providing assistance, based on PIDP's experience in Pacific energy work, in the formulation of energy legislation for the U.S. Pacific territories.

The Disaster Preparedness Project addresses the problem that the Pacific area is one of the most disaster-prone regions of the globe, vulnerable to tropical storms, earthquakes, tsunamis, floods, droughts and other natural disasters. In the past decade damage and destruction caused by such disasters have required huge expenditures for relief, reconstruction and rehabilitation. The project tries to help governments in the region to deal with the crisis of natural disasters and to manage post-disaster relief and rehabilitative work effectively.

To date, policy research and training have been undertaken in 19 countries and territories in the region. The project provides training in the technical aspects of reducing housing vulnerability; agricultural development and disaster preparedness; public health and disaster planning; disaster rehabilitation and relief; communication development; and protection of people in low-lying islands. The project has published disaster profiles for each of the countries surveyed, identifying vulnerable areas and disaster risks, and also has produced disaster preparedness manuals for all governments. Disaster preparedness plans have been developed by Papua New Guinea and the Federated States of Micronesia in large part as a result of the project's work.

PIDP is truly a unique concept and activity. It squarely addresses the issue of how local opinions should enter into the decision-making process of foreign institutions while ensuring that the scholarly perspective which we can provide is given full weight. The amount of benefit the United States derives from having so many heads of state working directly and intensively with an East-West Center program is incalculable. PIDP also acts as an important nodal center, linking many institutions and individuals in the Pacific.

At present, due to insufficient funds, PIDP is actively carrying out only three of the six projects suggested by the Standing Committee. The East-West Center has requested, as our highest priority, a program enhancement for FY 1985 of $133,560 to complete the remaining three projects.

D. Linkages

As can be seen from earlier examples, all of the East-West Center's projects have as a high priority the building and sustaining of substantive linkages with colleagues in Asia and the mainland United States. For example, two years ago we organized a conference where the directors of the various tropical forest research institutes of the region met for the first time. They got acquainted, identified common problems, formulated a research agenda and allocated research tasks. The group met again a year later during which they exchanged findings and reformulated the research agenda. Through this process, they are bringing about some major policy and funding changes at USAID and at international agencies such as the Food and Agriculture Organization.

Linkages are built with the private sector as well as with scholarly institutions and government agencies. The principal participants in the Electric Future of the Asia/Pacific Region Project are the power industries and economic planners of Korea, Japan and Taiwan, as well as the Electric Power Research Institute in California and the Massachusetts Institute of Technology. The central purposes of the project are to make a comprehensive technical and economic evaluation of past performance and future prospects of the electric power industry, to identify major issues in the post-petroleum electric future, and to highlight recommendations for action and possible modifications in national policies.

Some of our policy recommendations have already been reflected in the national energy policymaking of the participating countries. One of our major recommendations to the three Asian utilities was to reconsider their ambitious nuclear programs given the uncertainties concerning future electric power demand, relative fuel prices, power plant capital costs, interest rates, and the technical performance of nuclear power plants. Even though their basic direction may be correct, the pace of their nuclearization should be slowed down. In part as a result of our study, the Korea Electric Power Corporation has postponed nuclear units #11 and #12 by two years and is considering yet further postponement of these two units; the Taiwan Power Company is seriously considering a postponement of nuclear units #7 and #8 for two years; and the Japanese Government is evaluating the mix of their electric generating technologies using our study as a point of reference.

The ASEAN countries have sent observers to all earlier phases of the project, and now have asked the Center to extend its scope so that similar cooperative studies might be carried out for Southeast Asia.

E. Alumni

The greatest resource we have in promoting understanding and effecting change is our alumni body--the 30,000 former participants who have returned from the Center to their homes and professions and who are directly engaged in dealing with the problems we study at the Center. Counted among them are heads of government, Ambassadors, members of national legislative bodies, officials of international agencies, and many senior government officials. In higher education, there are Center alumni serving as univerity presidents, directors of research institutes and a large number of faculty members. The President's Review, which has been submitted to you, features several of the alumni.

Former staff members also have returned to prominent positions in their countries. Hahn-Been Lee, director of our Technology and Development Institute, later became Deputy Prime Minister of Korea. Another director of this institute, Manuel Alba, is currently the Philippine Minister of the Budget. Michio Nagai, director of our Communication Institute, returned to Japan to be Minister of Education. James Makasiale, our first PIDP administrator, is now Permanent Secretary for Agriculture and Fisheries in Fiji.

Some of the most striking notes about our alumni are anecdotal. In Manila, the 50 staff members of the Asian Develoment Bank who are Center alumni call themselves the "Hawaii

5-0" to mark the special time they shared at the Center. During the 1960's when relationships between Singapore and Indonesia were deteriorating, official talks being held in Singapore were broken off. However, several members of both delegations who had become friends while at the Center continued informal conversations in their hotel rooms. Even tragic occurrences point to the role of our alumni. When the group of high level Korean officials were killed in Burma last year, we lost three of our most supportive Korean alumni.

IV. Prospects for the Future

A. Funding

With the exception of the needs of the Pacific Islands Development Program discussed earlier, the East-West Center is able to adequately sustain its present programs. We are taking steps, however, to increase our future financial capacity. We have already begun a major effort to increase cost-sharing by governments and institutions that take part in our programs, as well as to increase the cash contributions made by more than 20 governments in the Asia/Pacific region. Much more effort also is being expended to augment our Congressional appropriation by obtaining contracts and grants from foundations, government agencies, etc.

Our most ambitious fundraising effort is the establishment earlier this year of the East-West Center Foundation to solicit gifts from private sources in the United States and Asia. We have begun to form an influential board of directors. (See Appendix E for a list of persons who have joined the board to date.) The foundation is a major draw on the time and energy of the Center's leadership, but once it becomes fully operational, the foundation should produce significant contributions for future expansion of the Center's program.

B. Future Programs

If more funds were available, whether through the efforts cited above or through increased Congressional appropriation, the Center would expand its work in a number of directions.

Our program now deals with a number of the critical issues arising in the Asia/Pacific region over the coming decades, but our work needs to be extended to deal more thoroughly with these areas. For example, half of the world's population now lives in this region. Using fairly conservative estimates of population growth, an additional 1.4 billion people will be added by the end of a quarter century--a number so large that it is almost incomprehensible. Yet, one must ask how will this number of people be housed and fed, much less employed, educated, and inspired? The failure to do any of these things will lead not only to individual human misery but also disaster for entire societies.

The distribution of where people will live also will change dramatically. Again, using fairly conservative estimates, a combination of rural to urban migration plus increased urban births will lead to 900 million more urban dwellers at the end of a quarter century than there are now. That is the equivalent of 100 new Los Angeleses or Tokyos. Where will they be located? How will water, food, and transportation be provided? And if we are talking about 100 new Los Angeleses over a couple of decades, mustn't we start laying the sewer lines and other infrastructure now?

India, which presently has 130 to 140 million urban dwellers, will have half a billion by the year 2000. Korea, already more than 70 percent urban, will reach something like 94 percent by 2010, becoming a totally urbanized and industrialized society. Japan could become, in effect, a single great city. Even more disturbing is the prospect of Java in Indonesia as another great city, but without Japan's capacity to cope economically.

Looking further at these population figures, 25 years from now the work force in Asia will increase by 550 milion; that is how many more new jobs must be created. In the United States, Japan, and a number of other countries, about 25% of the population will be over 65 years old. This major drift in the dependency ratio will require an enormous readjustment of social security, wage structures, housing, education, and the like.

There are other critical issues which must be addressed. In the first section, I discussed the problems associated with generational change in the Asia/Pacific leadership and with the rise of critical issues. In addition, since the economies of many of the countries of the region are closely linked, questions of trade, foreign investment and international finance will take on special importance. Regional political and organizational arrangements will likely grow out of the economic ties. In due course, some kind of "Pacific Community" might emerge, with a span beyond that of an ASEAN or a South Pacific Forum. Technology, which has grown so rapidly the past half century, will explode at an even faster rate, possibly into a new Industrial Revolution. $E=MC^2$ ushered in the atomic age with its potential for nearly limitless energy. The silicon chip has already led to computers, satellites, and the age of information--soon to be followed by robotics and artificial intelligence. The double helix has opened the door to genetic research and might lead, for example, to the green revolution being displaced by the gene revolution. All of this must be managed--a most complex and trying task.

In addition to expanding our program areas, the Center would like to greatly increase our role as the linking mechanism between the United States and the Asia/Pacific region. We would like to build data banks on the critical issues mentioned above to supplement our present population and natural resources data banks. Technological developments in electronic access should make it possible for the Center to tap into a wide range of library and selected resources throughout the world. By the same token, electronic access also will greatly extend the dissemination of Center products and the ability of outside users, including alumni, to gain access to Center materials.

All of this is costly, but well within the range of what is financially and technologically possible. The end result will be a Center that truly joins East and West to deal with the major issues of the region.

APPENDIX A

EAST-WEST CENTER PARTICIPANTS BY COUNTRY

October 1, 1982 - September 30, 1983

	Fellows	Professional Associates	Research Interns	Joint Doctoral Research Interns	Students: Doctorate	Students: Masters	Students: Non-Degree	Total
SOUTH EAST ASIA								
Brunei		1						1
Burma						2		2
Indonesia	8	141	4		5	7		165
Malaysia	4	31		1	9	5		50
Philippines	13	130	17	4	14	8		186
Singapore	2	12	1		3	3		21
Thailand	14	249	6	4	17	4		294
Vietnam		2						2
Subtotal	41	566	28	9	48	29		721
EAST ASIA								
China (Mainland)	7	57	2		2	8	12	88
China (Taiwan)	2	37	1	1	5	6		52
Hong Kong		13	2		2	4		21
Japan	17	104	6		6	7		140
Korea	15	69	8		17	7		116
Subtotal	41	280	19	1	32	32	12	417
SOUTH ASIA								
Bangladesh		5	2		4	4		15
India	4	37	6	2	8	5		62
Iran		1		1	1			3
Nepal	1	16	3	1	3	6		30
Pakistan	5	18	9	1	4	5		42
Sri Lanka	1	24	1	2	5	1		34
Subtotal	11	101	21	7	25	21		186
PACIFIC REGION								
Australia	13	49	3	1	6	9		81
New Zealand	2	21	1		6	7		37
American Samoa	1	2	1		1	1		6
Belau		12				3		15
Cook Islands		2				2		4
Fed. Micronesia		9			1	2		12
Fiji	2	8	1		2	2	3	18
Guam	1	1			1	6		9
Kiribati						1		1
Marshall Islands		2				1		3
New Caledonia		1						1
Northern Marianas		1				2		3
Papua New Guinea	2	21				5	2	30
Solomon Islands		3						3
Tonga		1				2		3
Tuvalu						1		1
Western Samoa	2	8						10
Subtotal	23	141	6	1	17	44	5	236
UNITED STATES	171	349	80	11	54	56		721
OTHER	13	87	2	2				104
TOTAL	300	1524	156	31	176	181	17	2385

APPENDIX B

EAST-WEST CENTER PARTICIPANTS BY COUNTRY 1960-1983

	Fellows	Professional Associates	Research Interns	Joint Doctoral Research Interns	Students				Total
					Doctorate	Masters	Bachelors	Non-Degree	
SOUTH EAST ASIA									
Brunei		1					1		2
Burma	2	11	1			19	1		34
Cambodia		14				2	4		20
Indonesia	63	1039	56	5	16	75	10		1264
Laos		33				1	42		76
Malaysia	20	500	32	3	21	63	39		678
Philippines	82	1314	110	21	47	242			1816
Singapore	8	202	5		6	27	6		254
Thailand	48	1498	51	13	45	179			1824
Vietnam	1	60	3	1		25	13		103
Subtotal	224	4672	258	43	135	633	116		6081
EAST ASIA									
China (Mainland)	17	199	5		1	11		12	245
China (Taiwan)	38	1329	26	8	26	180			1607
Hong Kong	11	172	12	2	8	58			263
Japan	135	4178	36	10	38	296	1		4692
Korea	77	988	60	18	65	201			1409
Macao		6							6
Subtotal	278	6872	139	38	138	746	1	12	8222
SOUTH ASIA									
Afghanistan	1	42	10		6	18	23		100
Bangladesh	9	191	11	1	9	32			253
India	73	555	28	14	67	155	2		894
Iran	6	70	5	1	3	2			87
Nepal	6	133	14	5	6	40	4		208
Pakistan	26	180	45	3	37	78			369
Sri Lanka	13	198	12	3	14	32			272
Subtotal	134	1369	125	27	142	357	29		2183
PACIFIC REGION									
Australia	72	790	9	2	20	51	1		945
New Zealand	31	435	13	3	13	31			526
American Samoa	5	1139	1		1	5	11		1162
Belau		221				7	7		235
Cook Islands	2	106				5	1		114
Easter Island		1			1				2
Fed. Micronesia		335			1	10	21		367
Fiji	9	604	6	1	3	9	26	3	661
French Polynesia	1	28	1						30
Gilbert Islands		40							40
Guam	2	293			2	8	1		306
Kiribati		5				1			6
Marshall Islands		204			1	1	4		210
Nauru		8							8
New Caledonia		172	1						173
Niue		16					1		17
Norfolk Island		1							1
Northern Marianas	1	400	3		1	7	[illegible]		417
Papua New Guinea	5	164	2			12	5	5	193
Solomon Islands	1	118				1			120
Tonga	4	172	2			1	30		209
Trust Territory		690							690
Tuvalu		3				1			4
Vanuatu		190							190
Western Samoa	8	347	1				[illegible]		368
Subtotal	[illegible]	[illegible]	43	6	[illegible]	[illegible]	[illegible]	[illegible]	7355
UNITED STATES	[illegible]	5438	290	87	[illegible]	[illegible]	[illegible]		8041
[illegible]	26	569	12	5					[illegible]
TOTAL	[illegible]	[illegible]	866	174	[illegible]	[illegible]	266	17	[illegible]

APPENDIX C

PARTICIPANTS BY INSTITUTE

October 1, 1982 - September 30, 1983

PARTICIPANT NUMBERS

	Fellows	Professional Associates	Research Interns	Joint Doctoral Research Interns	Students			Total
					Doctorate	Masters	Non-Degree	
Communication Institute	51	163	26	5	17	26	9	297
Culture Learning Institute	24	176	18	2	18	31		269
Pacific Islands Development Program	8	5	5	1			2	21
Centerwide Programs	22	129	10					161
Program Development	8	50	1					59
Environment & Policy Institute	48	558	25	1	27	10		669
Population Institute	79	248	27	4	34	18		410
Resource Systems Institute	51	195	43	18	33	20	2	362
Open Grants	9		1		47	76	4	137
TOTAL	300	1524	156	31	176	181	17	2385

APPENDIX D

EAST-WEST CENTER PARTICIPANTS

FY 1974-FY 1983

	FY 1974	FY 1975	FY 1976	FY 1977	FY 1978	FY 1979	FY 1980	FY 1981	FY 1982	FY 1983
Fellows	67	60	66	65	83	143	141	198	230	300
Research Interns	51	67	84	99	72	112	132	161	165	156
Professional Associates	947	1050	896	866	601	974	1100	1060	1206	1524
Joint Doctoral Research Interns	4	12	16	24	18	20	25	26	21	31
Degree Students	426	360	353	388	387	380	361	350	360	357
Non-Degree Students	-	-	-		-	-	-	-	-	17
TOTAL	1495	1549	1415	1442	1161	1629	1759	1795	1982	2385

APPENDIX E

INTERNATIONAL BOARD OF DIRECTORS

EAST-WEST CENTER FOUNDATION

Chairman

Mr. Herbert C. Cornuelle
Chairman of the Board
The Estate of James Campbell
Honolulu, Hawaii

Mr. Kenneth F. Brown
Chairman of the Board
Ainamalu Corporation
Honolulu, Hawaii

Mr. Kenneth F.C. Char
President
Hawaii Visitors Bureau
Honolulu, Hawaii

Mr. George J. Fukunaga
Chairman of the Board
Servco Pacific Inc.
Honolulu, Hawaii

The Hon. J. William Fulbright
Law Firm of Hogan & Hartson
Washington, D.C.

Mr. James F. Gary
Chairman of the Board &
Chief Executive Officer
Pacific Resources, Inc.
Honolulu, Hawaii

Mr. Keiji Kawakami
President
Iolani Sportswear, Ltd.
Honolulu, Hawaii

Mr. Henry Luce III
President
The Henry Luce Foundation, Inc.
New York, New York

The Hon. James B. Pearson
Law Firm of LeBouef, Lamb,
Leiby & MacRae
Washington, D.C.

Mr. G. Robert Truex, Jr.
Chairman of the Board
Rainier National Bank
Seattle, Washington

Mr. Henry A. Walker, Jr.
Chairman of the Board
AMFAC, Inc.
Honolulu, Hawaii

Mr. Ian R. Wilson
President & Chief Executive Officer
Castle & Cooke, Inc.
San Francisco, California

Dr. Li. Thank you, Senator Weicker. Let me join him in welcoming you to Hawaii and the East-West Center. And I especially want to take this opportunity to thank you, not just for your support of this institution, but for the leadership in promoting the Fullbright program, and the other international exchange and representation programs that are so important to building long-term good relations between the United States and other countries.

We were going to show you a videotape, which describes the center, but in the interest of time we will not do that. I will make a short oral presentation and leave some time, I hope, for your comments and any questions that you may have.

I'm extremely pleased to greet Senator Inouye, who's given us strong guidance and support through the years. And I'm particularly glad that he did talk you into letting us build this building.

The phrases Pacific era and century of the Pacific are frequently used nowadays to describe the explosive growth and the enormous potential of the Asia-Pacific region. I think few people doubt any more that we're in the middle of a fundamental shift from the Mediterranean and the Atlantic over to the Pacific. The problem is that, despite all our knowledge, we are not putting our money where our mouth is, even after hearing about the excellent University of Hawaii programs and even with the unique partnership that the East-West Center forms with the University of Hawaii. I submit that our national capacity for dealing with the Asia-Pacific region is very poor; indeed, very little resources are being invested to improve that capacity.

Just looking at one small area, for example, language capability. I keep thinking how embarrassing and indeed how dangerous it was that for the first few years of America's dealings with the People's Republic of China that the interpreter between the American and Chinese heads of state had to be provided by the Chinese side.

Earlier this last year a leading Australian told me that there are more people in Australia studying Japanese than there are in the United States, and the population of Australia is only 15 million.

The issue goes far beyond the ability to speak another language. The very learning of another language pushes us to learn about the values and problems of other people, and thus provides the basis of mutual understanding.

I think that for our good as a country and for the good of the region as a whole, we simply must increase our capacity for dealing with the Asia and Pacific region and their capacity in terms of dealing with us. Let me address one area where I think we have such a national deficiency and what it is that we might be able to do about it.

Most of our scholarly resources on the Asia-Pacific region are located, properly so, at universities. The problem is that the organizational structure of universities leads to some problems. The most important is that the universities are largely inward looking. Most of the scholarly work is done by permanent members of the faculty, augmented by a few visiting professionals. With the exception of a few major scientific laboratories and a few programs such as the ones discussed by my University of Hawaii colleagues, I think there's no adequate mechanism for systematically working with scholars outside one's own institution, and the number of visiting scholars being invited each year is simply too few. Foreign students contribute a great deal to this interchange, but the faculty has more difficulty here than the students.

When you take this situation and apply it to the Asian studies, I think that the net result is that we have American scholars working on Asia, but not with Asia or Asian scholars. And this is a serious shortcoming in our national capacity to deal with Asia. Such an approach, working on Asia rather than with them, downgrades the importance of the work being done by Asian scholars and deprives ourselves of better access to indigenous resources which local scholars have.

In the last analysis, we become outsiders looking in. An outsider might bring fresh perspectives to bear on a problem, but at the same time the outsider may be less well informed about local conditions, and certainly is less able to disseminate findings locally and to help bring about change.

As one looks at the future, the economic growth and cultural resurgence forces us to take more seriously the work done and the views held by our Asian colleagues. Economically, and in some areas technologically, Asia already is or soon will be our full and equal partner. No less should occur in the scholarly sphere. I think an identifying of the need to be working with people in Asia with institutions in Asia is the need that the East-West Center is trying to fill, and at the same time forming the crucial linkage between American and Asian scholars.

In the packet of materials we've given you is contained the President's review, which describes many of the center's finances, organization, and work. Let me not repeat that except to summarize it by saying that, as you know, we were established in 1960 by an act of Congress.

The region we serve is gigantic, and includes the Pacific, East Asia, across Southeast Asia, up through South Asia to Iran and Afghanistan. We divide our work into four institutes and geographically based programs.

We deal with the Population Institute, the census, demography, urbanization, and Asian migration issues.

The Resources Institute deals with energy resources and minerals, food, trade, and investment in these areas.

The Environment and Policy Institute deals not just with issues of clean air and water, but how does one sustain an ecological resource system, such as the cutting of forests that affect watersheds, silting, dams, water, and agriculture.

And recently we have merged two of our institutes to form the Institute for Culture and Communication, to look at the fundamental cultural transformations that are taking place in the Asia-Pacific region. Some of these transformations result from a need to cope with new technology and new outside forces. Some of it deals with a resurgence of other traditional cultural values that one is seeing throughout Asia.

This institute also looks at the role that new information and technologies play in the cultural transformation.

The fifth program is the Pacific islands development program, between the island countries of the South Pacific. Our funding is primarily through an appropriation from Congress, through USIA for $18 million that constitutes about three-fourths of the current year budget.

Let me return to the issue I started with, which is the serious gap that is in our scholarly and interchange programs and that is our inability to work with Asians and Asian scholars.

This is the area the East-West Center tries to work in. The specific mechanism that we have for working with Asian scholars and institutes are the over 2,000 grants for research and study annually given from the center to visiting scholars, Government officials, journalists, and other professionals, and graduate students. Two-thirds of the grants go to people from the Asia-Pacific region, the rest are people from the United States. In this way our core research staff consults closely with colleagues from Asia and the U.S. mainland to define when a critical issue arises in a region which we should work collaboratively on to seek solutions. For example, our analysis of the impact of the massive buildup of petroleum processing capacity by key OPEC nations, the impact of this on the policies of Asian nations are internationally recognized.

At times we work directly with governments. For example, after the Indonesian Government put up its Palapa communication satellite the Indonesian Government asked us to organize a systematic study of the use of television on rural development.

Among other things, the result of this study was the elimination of all commercials from television by the Indonesian Government when they found that soft drink consumption had risen very alarmingly among TV viewers.

This particular effort to look at the effects of television on rural development was so successful that the Australian Ministry of Education has asked us to do a similar study after Australia launches its satellite. The Indonesian Ministry for Population and Environment has come to us and suggested that we expand our collaborative effort to see how rapid urbanization and an influx of modern technology will affect indigenous value systems, family relations, and economic life.

We are also trying to work with them to put together a kind of an early warning system so that the Government can start to see where problems are arising as traditional systems begin to undergo change.

Along a different line, we've just signed an agreement with the People's Republic of China State Commission of Planned Birth to assist in analyzing the 1982 census. This is the largest population survey in human history.

Linkages are built in the private sector, as well as with institutions and Government agencies. For example, the principal participants and the funders in a study of the use of electricity in the Asia-Pacific region are the power industries and economic planners of Korea, Japan, and Taiwan.

Several of the program recommendations are already being implemented. For example, as a result of our findings concerning the likely pattern of future electric power demand and the likely pattern of relative fuel prices, powerplant capital costs, interest rates, the technical performance of nuclear powerplants and so on, the Korea Electric Power Co. has decided to postpone for 2 years the building of their nuclear units 11 and 12, until some of these issues are cleared up. Taiwan and Japan are reevaluating their estimate of the mix of their electric generating technologies, again using our study as a point of reference.

Not all of our studies deal with the great macroproblems of the region. Earlier in the testimony of the University of Hawaii colleges, quite a bit of mention was made about psychological issues in that community. And so, one of our projects, for example, deals with why the suicide rate in the island of Truk appears to be nearly 10 times that among adolescent males of the comparable group of the United States. The causes appear to be related to a breakdown of traditional social structures and dispute resolution processes, without the accompanying creation of some new mechanisms for handling conflict.

Other projects of ours are of a more scientific or technical nature. For example, we find that there may be considerable quantities of the strategic mineral chromite in the South Pacific area. The United States imports about 90 percent of its chromite, the majority of which comes from South America, Zimbabwe, and the Soviet Union. We've also found that, within 200 miles of Hawaii and nearby American islands, there may be substantial deposits of manganese crust, containing other strategic minerals such as cobalt, manganese, and nickel. And, moreover, the deposits of manganese crust are likely to be commercially exploitable before deep down manganese nodules are. If these expectations prove correct, the findings should have a major bearing on American attitudes toward the law of the sea treaty, which ran into its principal problem over the deep sea mining of the nodules.

Still other projects deal with the traditional rural sector. Most of the world's population relies on traditional biomass fuels, fuelwood, animal dung, and crop residues. We find that when cooking is done indoors, as it is in many of these places, the concentrations of the pollutants are equivalent to smoking 20 packs of cigarettes per day. As a result of this study, the government of India is undertaking a major effort to tackle this problem.

As you can see from these examples, we're very concerned that our research produces concrete results which can be implemented, and such implementation has a practical use, but it also provides an important evaluation of what we're doing. So that if, when a Philippine presidential decree incorporates a forest land use policy that was collaterally determined at the Center for Land Cultivation that followed an East-West conference on that subject, we can be assured that knowledgeable people with responsibility in this area have judged the center's work to be useful and important.

I think that over the years the center has built a reputation for being an open forum where all points of view can be readily expressed, an honest broker in bringing people together. I think that consequently scholars and Government officials are willing to bring in items and data to the center and engage in frank discussion. For example, scholars from the People's Republic of China and from Taiwan have taken part in the same workshops here, discussing subjects ranging from nuclear energy to a very sensitive discussion of language.

Last week, I think it was in this room, there was a meeting on the law of the sea, which was cosponsored with the University of Hawaii's Law of the Sea Institute, where the people attending included the president of the law of the sea conference and the leading American legal specialists, Government legal specialists on the law of the sea issues. For 1 week they were able to sit here and hash out outstanding issues without wearing their governmental hats that, in the formal law of the sea conference they could not have even begun to broach with each other.

It's this kind of working together with scholars and Government officials in the Asia-Pacific region, linking America with their Asian counterparts, linking Asians with their American counterparts, and dealing with important practical problems that show deep understanding and enduring ties. And whether one is thinking in terms of national security or in terms of improving the livelihood of people everywhere, I think these are the activities and relations that produce long-term peace and well-being. I also believe that in national terms, that the East-West Center is the only scholarly institution whose work focuses on building linkages with the Asian-Pacific region.

In this regard I'd like to draw your attention to my written statement, to the discussion of the Pacific islands development program.

At a conference of top government leaders from 20 Pacific islands held here in 1980 concerns were expressed that research and other related activities undertaken in the Pacific by scholars or agencies of major countries or by international organizations, that that kind of work often did not match the island leader's own perceptions of their development needs. To meet this concern we formed the program together with a standing committee of eight heads of state or heads of government, chaired by Prime Minister Ratu Mora of Fiji, who also serves on the center's board of governors, to give policy guidance to the program. The standing committee suggested six specific projects to be undertaken in areas like energy, disaster preparedness, aquaculture. The standing committee also meets regularly, they'll be here at the end of this month, rather, to review the work of the program, to receive our findings and recommendations for implementation.

About two-thirds of the program findings come from the island countries themselves, and also Australia, New Zealand, and Japan, as well as national and international aid agencies. This program is truly a unique concept and activity. It squarely addresses the issue of how local opinions should be tied into the decisionmaking process of a foreign institution, in this case the opinions of the island leaders and the institution of the East-West Center, while assuring that the scholarly perspective which we can provide is given full weight.

I think the amount of benefit the United States derives from having so many heads of state working intensively with the East-West Center program is simply incalculable.

At present this program is able to carry out actively only three of the six projects suggested by the standing committee. The East-West Center has requested as our highest priority a program enhancement so that we can get on with the remaining three projects.

The greatest resource we have for promoting understanding and effecting change may be our alumni, the 30,000 former participants who have returned from the center to their homes and professions, and who are now directly engaged in dealing with the problems we study at the center. Among these alumni are heads of government, ambassadors, members of national legislative bodies, officials of international agencies, and many senior Government officials. In higher education there are alumni serving as university presidents, directors of research institutes, and the President's review in your packet highlights some of them. The anecdote which I find most striking about the alumni is that there's 50 of them working at the Asian Development Bank who call themselves the Hawaii Five-O group to mark the special experience they had here.

Let me finally say a brief word about the financial situation of the center. With the exception of the needs of the Pacific islands development program I mentioned earlier, the East-West Center, largely due to the support of yourself and Senator Inouye, is able to adequately sustain its present programs. We are taking steps, however, to increase our future financial capacity, on the theory that Congress helps those who help themselves. We have already begun a major effort to increase cost sharing by governments and institutions that take part in our programs, as well as to increase the cash contributions made by the more than 20 governments in the region. Our most ambitious fundraising effort was the establishment of the East-West Center Foundation to solicit gifts from private sources in the United States and Asia.

I should say that if more funds were available, whether through the efforts I just mentioned or through increased congressional appropriations, we would expand our work in a number of directions. There are a number of other critical issues. We'd also like to work on population growth in our region, which is at 1.4 billion people to the Asian-Pacific region over the next 5 years, together with the 900 million more urban dwellers, the generational shift that is occurring in the Asian-Pacific leadership, political as well as in other areas, the managing of the extremely rapid technological change that's taking place, the international relations and economic issues, and the furtherance of a possible Pacific community.

In addition to expanding our program areas, the center would like to greatly increase our role as the linking mechanism between the United

States and the Asia-Pacific region. We would like to build data banks on the critical issues mentioned above, to supplement our present population and natural resource data bank and documentation. The East-West Center should be a premiere resource of all people seeking information about these programs. Technological developments in electronic access should make it possible for the center to tap into a large variety of library resources located throughout the world and, by the same token, electronic access also will greatly extend the dissemination of center products and the ability of outside users, including alumni, to gain access to center materials.

I think these ideas are costly, but well within the range of what is financially and technologically feasible. I think the end result would be a center and a Hawaii that truly joins East and West.

Thank you for your attention.

Senator WEICKER. Thank you very much. Let me ask a question, Dr. Li. On your chart for your students, fellows, et cetera, from October 1, 1982 to September 30, 1983, total professional associates, research interns, et cetera from the United States totaled 721. I'm on appendix A East-West Center participants by country.

Dr. LI. Yes; that's right.

Senator WEICKER. OK. Now, out of that 721, how does that break down geographically?

Dr. LI. They would break down pretty much spread all over the country. That pattern would closely relate to where major universities, resources around the country are located, and, therefore, population.

Senator WEICKER. How many of the 721 come from the University of Hawaii?

Dr. LI. Sumi, do you know that?

Ms. MAKEY. Relatively few, really. People who have moved from the mainland United States, who have come here to study often apply here, but their homes are elsewhere throughout the United States, and there are very few who are actual permanent residents or those who were born here in Hawaii.

Senator WEICKER. I wonder if you could submit a breakdown of that 721 as to where they come from and what institution of learning they're at. I'd appreciate that very much.

[The information follows:]

Letter From Victor Hao Li

January 25, 1984

Dear Senator Weicker:

It was a great pleasure to welcome you to the East-West Center last week. I very much appreciated the opportunity to describe some of the Center's programs to you. I trust that you found your entire visit to Hawaii informative and enjoyable.

In response to your question about where the American participants come from, I have prepared the enclosed table. Participants come from all over the country with the largest number from California, Hawaii, New York, the Washington, D.C., area, New York, and Michigan. Please let me know if you would like additional information.

I look forward to seeing you again soon.

Sincerely,

Victor Hao Li
President

EAST-WEST CENTER
FY 1983 U.S. PARTICIPANTS BY STATES

States	Fellows	Students & Joint Doctoral Interns	Professional Associates & Interns	Total
Alabama				
Alaska			2	2
Arizona				
Arkansas				
California	15	19	84	118
Colorado	2	5	14	21
Connecticut	1		7	8
Delaware				
Florida	1	2	3	6
Georgia		1	5	6
Hawaii	43	4	56	103*
Idaho	1			1
Illinois	6	3	8	17
Indiana	1	2	1	4
Iowa	3	3	2	8
Kansas	1	1	3	5
Kentucky		1	1	2
Louisiana	1	2		3
Maine	1			1
Maryland	2		6	8
Massachusetts	7	3	20	30
Michigan	3	9	16	28
Minnesota	1	4	2	7

States	Fellows	Students & Joint Doctoral Interns	Professional Associates & Interns	Total
Mississippi				
Missouri	3	5	2	10
Montana		1		1
Nebraska			1	1
Nevada				
New Hampshire			1	1
New Jersey	2	2	11	15
New Mexico	1		1	2
New York	10	15	31	56
North Carolina	3		2	5
North Dakota				
Ohio	4	5	5	14
Oklahoma	1	1		2
Oregor	2		4	6
Pennsylvania	3	8	7	18
Rhode Island	2			2
South Carolina		2		2
South Dakota			1	1
Tennessee		1	2	3
Texas	2	1	7	10
Utah			2	2
Vermont			1	1
Virginia	3	1	12	16
Washington	5	4	9	18
West Virginia			1	1
Wisconsin	4	3	3	10
Wyoming				
Washington, D.C.	8	8	39	55
Puerto Rico			1	1
Virgin Islands	1			1
Out of Country	28	5	56	89**
TOTAL	171	121	429	721

East-West Center Involvement With
U.S. Affiliated Pacific Islands

American Samoa	1	2	3	6
Belau		3	12	15
Fed. St. of Micronesia		3	9	12
Guam	1	7	1	9
Marshall Islands			2	2
Northern Marianas		2	1	3
TOTAL	2	17	28	47

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*Because of the Center's close association with the University of Hawaii, a substantial number of faculty members participate in East-West Center programs. In addition, participants in conferences and workshops are often drawn from government agencies, business organizations, and other educational institutions in Hawaii.

**Americans temporarily residing overseas for whom place of permanent residence in U.S. is not known. They are primarily working in educational institutions, international agencies, and with governments and private businesses. It is assumed that they come from throughout the U.S.

Senator INOUYE. I'm glad I did prevail in building this center.

Senator WEICKER. You better keep reelecting him, and please don't tell my party that. I'm already in enough trouble, I know.

I have no further questions at this time. I want to thank you all for the courtesy that you've extended to me, and I look forward to our paths crossing again, whether here or elsewhere. I'm very excited about all that is going in here at the center and at the university and the educational system of the State.

SUBCOMMITTEE RECESS

So, if you have nothing further, the hearing will recess. Thank you very much.

[Whereupon, at 12:15 p.m., Tuesday, January 17, the subcommittee was recessed, to reconvene at the call of the Chair.]

PACIFIC BASIN EDUCATION AND HEALTH ISSUES

THURSDAY, JANUARY 19, 1984

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Honolulu, Hawaii.

The subcommittee met at 9 a.m., in the multipurpose room, department of labor, 830 Punchbowl St., Honolulu, Hawaii, Senator Lowell P. Weicker, Jr. (chairman) presiding.

Present: Senators Weicker and Inouye.

STATEMENT OF CHARLES G. CLARK, DIRECTOR, STATE DEPARTMENT OF HEALTH, STATE OF HAWAII

ACCOMPANIED BY:

DR. JOSHUA C. AGSALUD, DIRECTOR, DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, STATE OF HAWAII

FRANKLIN Y. K. SUNN, DIRECTOR, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, STATE OF HAWAII

Senator WEICKER. The committee will come to order. I apologize for a few minutes of delay, although I will place the blame squarely on the shoulders of your Senator, who entertained me last night, and I needed at least 5 minutes to recover this morning.

And in any event, again let me say, as I said at the first day of the hearings we had, that Senator Inouye has devoted his energies and his considerable prestige in Washington to seeing that your State is well represented as to matters of health, education, and human services.

The intent of the committee is to go to the field to find out what it is we should be doing and what it is we are doing that is not working. The hearing here is at the request of a member of that committee, Senator Inouye. And again, what you're testifying to here has a direct bearing on the fiscal year 1985 budget: What you say will find its way to the work product of the committee.

I leave for Washington late this afternoon. Needless to say, I'm deeply appreciative of the hospitality that's been extended from everyone here in this State. The next time I come back, I'm just going to enjoy myself.

So, with those opening remarks, Senator Inouye.

Senator INOUYE. Thank you.

Ordinarily, when a congressional committee goes abroad or goes to other parts of the country its purpose is very simple, to investigate some shortcoming or some wrongful use of Federal dollars. This is not the case. We're not here to check on some scandal or some shortcoming in Hawaii, but for one simple purpose, to demonstrate to my chairman how well our Federal funds are being utilized in the State of Hawaii. I am personally proud of the way it's been done. In many categories we have come forward as No. 1 in the whole United States.

Furthermore, I wanted to expose my chairman to some of the unique elements of the State of Hawaii, not just geographical distance, but culturally and historically and otherwise, the role that immigrants have played and the role that recent immigrants are playing on the health and education needs of Hawaii.

We have, I must say, worked very hard from early morning to late in the evening. I'm certain the chairman will return with a better understanding of this place.

Before we hear the first witness, I wish to have the record show that we are indeed fortunate to have Senator Weicker in charge of this subcommittee. I think the record is very clear as to his support, his sensitivity, and his concern for all the matters that concern you here. He has been extremely generous to Hawaii. In fact, in terms of education, we had to set aside certain legal requirements in order to accommodate Hawaii. In every instance, all the way from appropriations for Kalaupapa, to health and other fields, he has come forth with an amount which was significantly larger than recommended by the administration.

So we're here for two reasons. One to thank him. Second, to demonstrate to him that his trust in us has not been misplaced.

Thank you very much.

Senator WEICKER. Thank you, Senator.

Now, just two administrative matters.

Is Tom Dunmire at the hearing? All right, when he arrives, he's minority counsel to the House Interior and Insular Affairs Committee, and I want to make certain that there are matters which he takes into account.

No. 2, as you know, we had, because of weather, to postpone our trip 2 days ago to Kalaupapa. That trip has been rescheduled for today, and it does mean that we're going to have to run these hearings pretty much on schedule. So I would appreciate it if the witnesses would stick to the time allotted so everybody might have the opportunity to testify.

The first panel consists of Charles Clark, director of the State department of health, and Dr. Joshua Agsalud, director of the department of labor and industrial relations, and Franklin Sunn, director of the department of social services and housing. If these gentlemen are here, I would appreciate it if they would step forward and sit at the witness table.

Now, if you'd identify yourselves for the record. And all statements will be included in their entirety in the record. So, identify yourselves for the record and proceed in whatever way you are comfortable.

STATEMENT OF CHARLES CLARK

Mr. CLARK. Good morning. My name is Charles Clark. I am——

Senator WEICKER. Can we have the volume up on this speaker here? Does anybody know how that operates?

I just want to insure that those in the room can hear you. I can hear you.

Mr. CLARK. I don't think it works, Senator.

Senator INOUYE. It's not working.

Mr. CLARK. There we are. Good morning.

Senator WEICKER. That's good, somebody knows what to do, because I'll tell you, I'm the most unmechanical person.

Mr. CLARK. That makes two of us, Mr. Chairman. Is that coming through all right?

Senator WEICKER. Certainly is, sounds good.

Mr. CLARK. Good morning again. My name is Charles Clark, and I'm director of health for the State of Hawaii. Welcome and aloha to Hawaii. We are indeed very pleased by your subcommittee's visit to our islands. And, of course Senator Inouye, welcome home. We're always very pleased to see our senior Senator, whose concerns over our programs are certainly much appreciated.

My introductory remarks will be very brief, after which my staff will present substantive information that we believe will be of special interest to this subcommittee.

Incidently, Mr. Chairman, knowing that you have a very tight time schedule, we asked them to present that in a condensed version, so maybe you can get ahead of your schedule a little bit. My introductory remarks will be very brief, after which my staff will submit their reports.

Let me first call your attention to a historical footnote that may be of special interest to you. Taking into account Hawaii's development prior to annexation, our department of health has the longest history as a Government-sponsored public health agency in the United States. Our department was founded in 1850 by King Kamehameha III. This was only 2 years after public health was established as a government function in England. And it was 5 years later, in 1855, that the first continental department of health was established in Louisiana.

Government interest in public health came on the heels of epidemics of measles, whooping cough, smallpox, and mumps; diseases imported to the islands and which nearly decimated the native Hawaiian population. Understandably, many of the early government regulations and activities of the health department were directed toward the protection of the resident population from alien diseases and illnesses.

Today we continue to face special problems. While we welcome our visitors and new residents, they also bring with them associated health problems. Hawaii has a higher proportion in its population of refugees, immigrants, tourists, and transient military personnel than any other State in the Union.

As the Pacific gateway, many of our immigrants come from lesser developed areas of the Pacific Basin. We, therefore, see a higher incidence of tuberculosis and Hansen's disease, coupled with an increasing tendency toward resistance of these diseases to existing drug therapy.

Other diseases unusual to the continent have been brought to Hawaii. Given the mobility of our Nation's people, there is always the prospect that other States can quickly be exposed to new problems in public health. Recognition of this situation by Federal agencies has led to several longstanding, cooperative preventive health activities in Hawaii. We appreciate this shared concern.

Nevertheless, we continue to face complex problems in serving our new immigrants and refugees. For instance, this department translates health information publications in 14 different languages, and we use language-specific health aids as much as possible.

An important service is provided through the federally supported health screening and channeling program for refugees. Extending this to immigrants entering Hawaii would greatly benefit these newcomers and their families, while providing added protection to the resident population. I respectfully suggest such a program would be worthy of your consideration. Before turning our presentation over to our staff, I would like to take this opportunity to express our gratitude to you, Mr. Chairman, and to Senator Inouye for your continued support of Hawaii's special health needs. We especially appreciate your interest in our Hansen's disease program, particularly in the long-term care given to patients at Kalaupapa. The transfer of the former U.S. Public Health Service Clinic to the State for our own programs is also appreciated, as are the various grants-in-aid given to our department of health.

Again, on behalf of the department of health, our mahalo and our thank you. I do hope you enjoy your trip to Kalaupapa. And as you probably know, and you will hear more about, this is the first real inpatient-outpatient program we have had for Hansen's disease, and we received very generous funding from you, in order to increase that program.

Senator WEICKER. Senator Inouye is the one that is responsible for that. I did ask him a question when we had lunch yesterday about what percentage of the funding for Kalaupapa came from the Federal Government, as far as its operating expenses.

Mr. CLARK. Dr. Bomgaars.

Dr. BOMGAARS. There is about a $3.2 million total budget for Kalaupapa and on a reimbursement basis the Federal program has been reimbursing up to $1.9 million in the last few years. I am going to Kalaupapa, and we'll have an explanation for you.

Senator WEICKER. The point I'd like you to consider is the matter of discussion between Senator Inouye and myself: Apparently you're again on an uptake there, as far as patients are concerned, relative to immigration. We discussed that if that's the case, should the Federal share be greater, considering it is a problem involved with the United States of America, not just the State of Hawaii.

Dr. BOMGAARS. In fact, our outpatient program which was underfunded during the last period of time by all funds has just recently, in the latter part of 1983, received some contract funds from the Hansen's disease national program of about $300,000. We are just beginning to revise our program for use of those funds, which has been a major step forward in improving our situation.

Senator WEICKER. Well, I think it's very important that in devising our budget that you get to me the figures that will truly reflect what the additional burden is by virtue of what immigration has taken place, and that is validly a Federal responsibility. There is no reason why Hawaii should have to pick up that extra tab. That's something for which I have no hesitation in joining your Senator in seeking funds.

Mr. CLARK. Mr. Chairman, we will get that information to both of you pronto.

Senator INOUYE. I'd like you to know there is an ample precedent for this, because we have been providing special funds to the State of Florida to cope with the Cuban problem, because most of the Cubans have somehow found themselves in the Miami area, and that was due to a Federal policy. It's the same thing, the refugee problem is a national policy, it wasn't due to a State policy. And I think the Chair is correct, I hope that we can work out some sort of formula which would better reflect the Federal role in the program at Kalaupapa.

[CLERK'S NOTE.—On Thursday, January 19, 1984, Senator Weicker, Senator Inouye, and members of the committee staff toured the Hansen's disease settlement, Kalaupapa. The following overview was submitted to the subcommittee by Dr. Oliver W. Hasselblad, medical administrator of Kalaupapa settlement.]

HANSEN'S DISEASE OVERVIEW

A visit to Kalaupapa settlement tends to make us think of Hansen's disease as only a tragedy of the past. That is far from true. However, Kalaupapa is of great historical importance to ever remind us that the events which occurred must never happen again. It further reminds us that the people who lived and died here were not only victimized by a disease for which there was no known effective treatment, but also victimized by society at a time when there were no known alternatives to strict segregation. Kalaupapa settlement exists today to give health care to those remaining few, who against their wills were segregated from society. It exists today to exercise justice in a more just and enlightened society. We must insure that the future of Kalaupapa is secure. As it becomes a national historical park it will constantly point us to a better, more humane future.

Historical monuments like Punchbowl Cemetery and the battleship *Arizona* Memorial must not only help keep vivid memories of the past but point us more clearly to the future.

What then of Hansen's disease today? Unfortunately it continues to take an enormous toll on the well-being of men, women, and children worldwide. The best informed estimates indicate there are 12 to 15 million patients. The World Health Organization has estimated that only 25 to 30 percent receive sufficient and regular treatment. A similar percentage already suffer physical impairment. Equally serious, nearly all will suffer social and economic deprivations. Not only do patients suffer but it is in the nature of the disease that whole families and even communities are adversely affected when the disease is present. The root cause is the perpetuation of old myths, ungrounded fears, superstition, and ignorance. Unfortunately the medical and paramedical professions are similarly affected.

Essentially, we are faced with two serious problems in the management of the disease. First, even after 100 years with knowledge of its cause, we still do not know sufficiently about the disease. Second, we are not adequately applying what we do know.

We do not yet know enough. How the bacteria is transmitted from person to person is not fully established. Circumstantial evidence points to close, prolonged contact, either skin to skin or from discharged bacilli from the naso-pharyngeal and respiratory tracts. Why some individuals are susceptible to the disease, but that perhaps 90 percent of the population has a natural immunity, is not fully known. It is known that those who develop the highly infectious type of the disease have a fundamental defect in the immunological defense system most likely based on genetic factors. Certainly the byproducts of poverty, malnutrition, poor hygiene, inadequate and crowded housing, play a role as in all other communicable diseases. Climate is not a decisive factor only in as much as it creates cultural and behavioral patterns.

We do not know how to alter a susceptible individual to one with an adequate defense system. There is no clear cut method of determining susceptibility of a person in any given population grouping. The bacteria has not been conclusively cultivated in a test tube, hence as yet no universally accepted vaccine: a vaccine equivalent to the effectiveness of those effectively eliminating smallpox, poliomyelitis, and on the way to eliminate other diseases that took an enormous toll in the past.

Finally among the unknowns is the absence of a truly effective short-acting drug. We do have drugs that when judicially used and in proper combinations can cure the disease if diagnosed and treated early. But nothing to compare to what, for example, penicillin has done in eliminating one of the most serious and crippling diseases, yaws.

The brighter side of the picture is the enormous amount and quickening pace of research. There are great research centers, of which the National Hansen's Disease Center at Carville is a fine example. The Centers for Disease Control in Atlanta has made very significant contributions as a part of their total research program dealing with many diseases. Most encouraging of all is that in the great university laboratories of the world increasing attention is being devoted, of which the University of Hawaii is a fine example.

The other side of the coin is far more poignant, if not tragic. We are not adequately using what we do know about the disease. In many situations health delivery systems are ineffective. A study of allocations for health delivery systems are often of low priority particularly in the developing nonindustrialized world. And even where Hansen's disease is a major health problem, the proportion for its control is woefully inadequate.

Traditionally, Hansen's disease has been managed by vertically organized health delivery systems. Historically, the disease has been excluded from the mainstream of both medical studies and medical care. Thus isolated, the programs fail to attract the professionals who could make a great difference. In the newer emphasis on primary health care there are encouraging signs that integration may become a reality. In this regard I wish to give tribute to the excellent progress of integration in Hawaii, where Hansen's disease patients are welcomed in all general hospitals and the services of the best medical and surgical consultants are available to all that are referred to them.

Today it is well accepted that crippling and deformity in Hansen's disease is preventable, the knowledge is available. The proper drugs prudently used are available. With early diagnosis and adequate regular treatment no one with the disease need fear the stigmatizing effects of Hansen's disease that for so long were accepted as an inevitable consequence. However, most control programs lack the physiotherapists and occupational therapists who must be key members of the team. Health education is also a key factor, in the training of the individual patient, how to cope with anesthetic hands or feet when treatment has been delayed and neuropathies established.

When deformity has occurred the surgeon trained in reconstructive techniques as well as the plastic surgeon can create miracles in restoring function, and eliminating stigmatizing evidence that may remain even when the disease has been cured.

Only when we begin to fully apply what we know now, can we expect to avoid what Kalaupapa represents—a painful past.

Mr. CLARK. Shall we, Mr. Chairman, proceed with the rest of the health department's——

Senator WEICKER. Yes.

Mr. CLARK. Fine.

STATEMENT OF MAE N. KURAMOTO, CHIEF, PUBLIC HEALTH NURSING BRANCH, HAWAII STATE DEPARTMENT OF HEALTH

Ms. KURAMOTO. Honorable chairperson and members of the Senate appropriations subcommittee. I, appreciate the opportunity to appear before you today. I am Mae Kuramoto, chief of the public health nursing branch.

I wish to express my appreciation and gratitude for the forward thinking of Hawaii's Senator Inouye and his colleagues and their sponsorship of nursing and health legislation which have made progressive impacts in the health care system in Hawaii and the Nation. Thank you very much.

The public health nursing branch provides nursing services to service programs of the department of health and the community. Its goal is to promote wellness and to provide restorative and preventive health care services to Hawaii's residents. In fiscal year 1983 the public health nursing branch served 7 percent of 69,692 of the State's population of 946,691. Unfortunately, fiscal restrictions imposed by the 1983 legislature and the administration amounted to $203,850 or 6 percent of the budget of $3,320,787, creating a hardship in delivery of services. Fiscal constraints also experienced by other programs in the rest of the State have resulted in increased numbers of referrals to public health nursing services.

With the obvious need for more public health nursing services and limited funding, the department requires extra funds for needed services through project sources. The five projects are federally funded for short-term purposes and focus on specific categories such as the elderly, hypertensives, and the unemployed.

The public health nursing branch actively supports the community nursing centers bill introduced in the U.S. Senate by Senator Inouye and Senator Weicker, and looks forward to participating in the program upon its enactment. Public health nursing will be able to provide care centers to all three populations again. The Hawaii public health nursing program accepts this challenge of community nursing centers.

Thank you for the opportunity to present this testimony.

Senator WEICKER. Thank you very much. Incidentally, all statements from the representatives of the health department will be placed in the record at the conclusion of this section of the hearing.

Senator INOUYE. Thank you.

STATEMENT OF DR. ARTHUR LIANG, CHIEF, EPIDEMIOLOGY BRANCH, COMMUNICABLE DISEASE DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

Dr. LIANG. Honorable chairperson, members of the Subcommittee on Labor, Health and Human Services, I'm Dr. Arthur Liang, chief of the epidemiology branch. I'm pleased to have the opportunity of presenting the testimony of the communicable disease division of the State department of health.

The communicable disease division is responsible for the prevention and control of communicable disease in Hawaii.

Because of Hawaii's large immigrant and visitor populations, infectious disease patterns in Hawaii are often unique. For example, the rate of tuberculosis among people born in Hawaii compares very favorably with the lowest rates of the mainland. However, as Mr. Clark mentioned, the total rate, including immigrants and Pacific island people, is the highest in the Nation. Similarly, although Hansen's disease rates have decreased markedly among local people, nearly 50 new cases a year are found among immigrants and Pacific islanders.

I would like to briefly highlight the programs within the communicable disease division, and since you will be visiting the Kalaupapa settlement I will discuss that program.

The major activity of the Hansen's disease program includes treatment and rehabilitation both of Hansen's disease patients and their household contacts. In addition to the patients at Kalaupapa, this program services nearly 500 patients and their contacts.

The Hawaii Hansen's disease program has had a long and close relationship with the U.S. Public Health Service Hospital at Carville, and for the first time in 1983, Hawaii's outpatient program received Federal funds that will assist the State in providing services.

The tuberculosis program provides free screening, preventive, and treatment services for tuberculosis. This has been a successful yet costly program. After the loss of 314D funds, initial costs have been borne by the State. We are grateful to Senator Inouye for his efforts in obtaining Federal aid for the State TB programs once again.

In October the State received a public health advisor assigned by the Centers for Disease Control, and funds for a small cooperative agreement project for providing services to people of diverse ethnicity.

The major activities of the epidemiology branch include investigation, surveillance, and control of other reportable diseases in Hawaii. Traditionally, Federal participation in the epidemiology branch has been substantial, and since 1967 the Centers for Disease Control has assigned an epidemic intelligence officer to our program. This physician-epidemiologist provides assistance to the State in conducting surveillance, disease investigations, as well as assisting in special projects of interest to the Nation as well as the State. In return, the State offers a variety of technical expertise, administrative support, and supervision.

Since 1964 Federal funding has supported development of a statewide immunization program designed to prevent the transmission of vaccine-preventable diseases. In 1983 this program received more than $100,000 in Federal financial assistance.

The strategies in Hawaii include achieving and maintaining high immunization levels in Hawaii's children; improved surveillance of vaccine-preventable diseases and implementing outbreak control when disease is suspected.

The State and Federal strategies in Hawaii have made vaccine-preventable illnesses nearly nonexistent in Hawaii. Since 1972 the venereal disease program has received Federal funds, as part of a nationwide program for prevention of sexually-transmitted diseases. In 1983 the Hawaii VD program received nearly $200,000 in Federal financial assistance, and $100,000 in direct assistance.

The success of the program has been clear. Five years after the funding began the gonorrhea case rate peaked and has been declining ever since.

We are grateful for the Federal support which has contributed substantially to the success of our programs. Federal financial assistance accounts for 36 percent of the VD control funding and 40 percent of the immunization funding. However, these disease problems, unlike smallpox, have not been eradicated. The agents which cause disease are still present in our environment and are waiting for our defenses to be dropped. Moreover, our experience with Legionnaire's disease, toxic shock, and AIDS teaches us that we cannot predict what new problems may arise, nor can we predict when a disease like gonorrhea will become resistant to the drugs we are now using.

In order to continue the success of the present program and plan to meet the challenges of the future, continued assistance from the Federal Government will be necessary.

Thank you for your kind attention.

Senator WEICKER. Thank you very much. Two questions. No. 1, the statistics which we were given in preparation of last year's budget amazingly would indicate a very sharp rise in venereal disease nationally, and I'd like to get your comments on that, with your comments addressed to the situation as it relates to gonorrhea or all venereal disease here on the islands.

Dr. LIANG. That particular statistic relates to gonorrhea. I think with the new reporting of other sexually-transmitted diseases which CDC is interested in, which previously were not reportable, we're seeing some increase. I think the national rates are based on that kind of increase, partly perhaps, due to the interest in reporting of those disease, Senator.

Senator WEICKER. Point No. 2, what is the situation in the islands vis-a-vis AIDS?

Dr. LIANG. At this point we have reported approximately nine confirmed cases of AIDS, and there's a small group of people who are still being worked up, suspected AIDS patients. We're seeing some increase that coincides with the experience in other States.

Senator INOUYE. What is the extent of drug-resistant gonorrhea in Hawaii?

Dr. LIANG. When we first identified drug-resistant gonorrhea in 1975, most of it coming from southeast Asia; because of our rapid response and followup, it has not really reestablished itself within the local population. So nearly all the cases can be traced either to direct importation or a contact from importation.

Senator INOUYE. How do you treat it if it's resistant to drugs?

Dr. LIANG. When I say drug resistant, we mean it's resistant to penicillin. There are newer drugs—some other standbys also—new drugs which are very effective, although much more expensive, unfortunately.

Senator WEICKER. Thank you very much.

STATEMENT OF DR. FRANCES D. RIGGS CHIEF, FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

Dr. RIGGS. Mr. Chairman, Honorable Senator Weicker and Honorable Senator Inouye I am Frances Riggs, chief of the family health services division for the Hawaii State Department of Health.

The family health services division is grateful for all of the funding and support the Federal Government has contributed to our programs for women of child-bearing age, infants and children, and the community services for developmentally disabled.

However, in title V, title XVI, and title XX funding since 1981, programs in our division have lost the equivalent of about at least 7 percent of our total budget in Federal dollars, mostly from title XX funding, but some from titles X and XVI. The maternal and child health block grant program, since 1981, has been the same; each year we are receiving less by some $200,000 in all. And, in the title V category, for calendar year 1981, the child health block grant awards have not allowed for increased cases. The State has replaced some of the reduced Federal support.

This year, for instance, our medical genetics screening program will terminate. This program will have to be funded through our stretched block grant moneys or from our already restricted State dollars, which would be done at the expense of another valuable program addressing concerns of native morbidity and mortality.

There has been and continues to be disparity among certain ethnic populations and in certain geographic areas in Hawaii. Regionalizing services can reduce the morbidity and mortality across the State. The full system should be implemented, but there are insufficient funds for saving all of this.

Community services to the developmentally disabled provides diagnostic and intervention services for children, especially zero to 3 years of age. Approximately one-third of the population served in these programs on Oahu are military dependents. We have no special funding coming from the services to military families.

All developmentally disabled persons in the Public Law 94–142 category receive appropriate developmental, educational, prevocational training under the Department of Education programs, but upon graduation and leaving the educational system a variety of programs to meet needs of adult developmentally disabled in the community should be available to sustain continued community placing of these individuals and sustain less use of the institutions. There are insufficient programs both in numbers and also in the variety to meet the needs of all of the developmentally disabled adults in the community because we have insufficient funds.

The developmentally handicapped persons we are serving are living longer now and entering retirement years. Our senior developmentally disabled persons are increasing in number, have special needs, and no programs are available to meet these needs. If we had sufficient funding to develop as well as sustain these, we would very easily provide this.

For the family health services division, primary prevention is of the highest priority. This includes public information and education. We feel there should be continued strong Federal emphasis on primary prevention and health education to assure continued stable funding for these services, because these are services that are often shortchanged in times of fiscal constraints when the needs of the immediate care so often take precedence.

Thank you for allowing me to testify.

Senator INOUYE. I wasn't aware that you were not being reimbursed for serving the developmentally disabled persons in the military. Have you made any attempt to get some reimbursement?

Dr. RIGGS. Not specifically, we are just currently doing a study to try to identify the number of military dependents that we are serving in the infant to three population. Hawaii has been identified as one of the States that has good services for the developmentally disabled and we are having an increased number of military dependents in this area.

Senator INOUYE. Will you provide a special report on this problem?

Dr. RIGGS. There is an informational packet that you have that develops this.

Senator INOUYE. Because I'd like to stress the possibility of maybe getting reimbursement from the CHAMPUS program.

Dr. RIGGS. This has been investigated. I can't give you the exact outcome, but it's not always successful. This is a means of funding for the program. But I should let you know what they have done.

Senator INOUYE. I'm certain that the committee could instruct CHAMPUS to look upon this favorably, they usually do.

Dr. RIGGS. Some of the evaluation, diagnostic part, the direct medical kind of things can be obtained through that area, but the infant program, the day-to-day basis that provides daily programs for these youngsters are not.

Senator WEICKER. I notice in your testimony that you indicate that after the children are through their school under Public Law 94-142 and go into the community, that at the present time there doesn't seem to be adequate facilities to absorb them. Is that correct?

Dr. RIGGS. That's correct, yes.

Senator WEICKER. For lack of funding?

Dr. RIGGS. For lack of funding in terms of sustaining them. There are many, many different programs that could be developed, there are many programs that could be enlarged. We could provide additional dollar support for the programs we have at this time. Also in finding placement for the severely multiply handicapped that do not need to be in the State hospital but can be maintained in the county. We're working toward this, but I'm referring to those that are still in the home, that need a day program in their home.

Ms. INGRAM. There is a new program this year under the reauthorization of the Public Law 94-142 to provide transitional services.

Dr. RIGGS. Yes; we have information on that.

Ms. INGRAM. Would that address some of these problems?

Dr. RIGGS. The chief of our branch is looking at this now, and we'll evaluate it. And I've talked to the Department of Education already about it, we will attempt to try to utilize some of that. We have the knowledge of the kind of programs we need, we have knowledge and ability to provide them, but we have insufficient funding for maintaining them.

Senator WEICKER. Well, I think that's the key, because the whole direction, as you know, is to get people into the mainstream rather than to institutionalize them. And there's got to be something out there, otherwise nothing happens and you go back to an institution for care.

This concerns me very much because of the tremendous pressures that have been brought to bear, and properly so, about mainstreaming, and I'm a little upset to hear that there seems to be no follow through on that. Under what programs would the help come to alleviate this situation or should the help come to alleviate the situation?

Dr. RIGGS. One of our strong programs that we lost was our adult program case management and adult day activity program When that program was lost the State did take over a great deal of it. We're trying to think a little different way in terms of its funding. One of the major sources of funds for these community programs comes through our grants-in-aid and the State support. And with the State problems many of these programs are facing severe fiscal constraints. And a great concern to us is how we're going to continue these programs.

Senator WEICKER. Well, Dan, I'd like to have it detailed as I suspect we might be sort of seeing the tip of the iceberg here in Hawaii, but I suspect the same thing might hold true with any of the other 50 States and we better know about it because it could have a terrible impact on a situation that was going in the right direction, and which seems to have halted.

Dr. RIGGS. We have well documented wait lists for all of the programs that are now available.

Senator WEICKER. When you say wait lists, what are we talking about? How many persons would be involved in a wait list?

Dr. RIGGS. One hundred and fifty names are currently on waiting lists to get into State adult programs. A lot of them, especially with the severely handicapped that have been kept at home, do not have any place to send their children because we have a lack of that kind of program. Most families want to keep their adult relative in the community, and many of them in the home, but this eventually will catch up. So it's a concern getting worse every year as we get more graduating from the educational system.

Senator WEICKER. Well, I suggest that the staff might want to apply themselves to this particular problem because it clearly is one that should be raised in the appropriation process. OK, thank you very much, I appreciate it.

STATEMENT OF DR. DENIS MEE-LEE, CHIEF, MENTAL HEALTH DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

Dr. MEE-LEE. Mr. Chairman, Senator Inouye, my name is Denis Mee-Lee, chief of the mental health division, Hawaii State Department of Health.

Let me say at the outset that the mental health community in Hawaii is particularly appreciative of the tremendous support that Senator Inouye, the subcommittee, and the Congress have given to alcohol, drug abuse, and mental health services in the State over many years. We have grown as an alcohol, drug abuse, and mental health system because of the sensitivity of the good Senator and the Congress to these particular needs.

Let me comment first and briefly on the effect of block grant funding on mental health services in the State of Hawaii.

The changeover from categorical to block grant funding has generally had a positive effect on alcohol, drug abuse, and mental health services in Hawaii. It has permitted use of Federal funds in a manner more responsive to local needs, and more broadly distributed throughout the entire State. Block granting has also permitted better integration of State and Federal funds, allowing us to move toward a comprehensive, integrated alcohol, drug abuse, and mental health system with components ranging from prevention activity to residential and hospital-level care. In this time of economic displacement, block granting has permitted a more flexible response to changing needs and funding patterns than would have otherwise been possible.

These advantages have brought with them increased State responsibility for monitoring and evaluating of programs. In retrospect, the 10 percent of the block designated for administrative purposes has not proven adequate to totally meet these responsibilities. Because of this lack of management resources, we are concerned about our ability to assure that all funds available to the alcohol, drug abuse, and mental health system are spent in a responsive manner and provide services in the most effective and efficient manner possible.

Second, let me make some comments about the Hawaii State Hospital's unique role in the Pacific.

Hawaii State Hospital is located approximately 4,330 miles from Asia, 2,000 miles from Guam and Samoa, 3,636 miles from Tahiti, and 4,600 from the Panama Canal. This geographical location, in the center of the Pacific Ocean, places the hospital at the crossroads of transpacific travel and in a strategic position as the largest public psychiatric facility in the Pacific Basin. As a consequence of its location, Hawaii State Hospital is called upon to provide for individuals from the Pacific Basin who are in need of specialized care and treatment not available on their home islands. In addition, Hawaii State Hospital serves as a crisis facility for individuals in transit who require emergency psychiatric care.

For example, in the last 2 to 3 years Hawaii State hospital admitted a Samoan community leader who had killed a neighboring tribesman and needed political asylum and closed treatment. In addition, another

Samoan patient was admitted because he was too violent for the limited psychiatric facility and could not be treated effectively in Samoa's correctional facility. In addition, an Armenian radioman was admitted after being chained in the hold for the protection of the rest of the crew. Finally, a non-English speaking Korean airline hostess was admitted enroute from the west coast to Korea because of a psychiatric emergency.

Within the State of Hawaii, Hawaii State Hospital serves a multiplex of ethnic and cultural peoples, including many new refugee immigrants.

Unfortunately, deinstitutionalization and the uncertainty of the future of Hawaii State hospital have negatively impacted the hospital's physical plant. The hospital lost JCAH accreditation in 1974, primarily because of physical plant difficulties.

In more recent years, medicare certification is being threatened, again primarily because of problems with the facilities. The current buildings and amenities do not meet many standard requirements. The State of Hawaii is particularly grateful to Dr. Carolyne Davis, Administrator of the Health Care Financing Administration for her personal intervention and support in continuing certification of the hospital.

For these reasons, and for the purposes of creating a more humane and therapeutic treatment environment, the State administration has proposed the reconstruction of the hospital. It has been estimated that the new construction of patient care areas, except for the three forensic units, and the renovation of the administrative areas, would cost in the vicinity of $36 million. It is proposed to construct an innovative community of noninstitutional structures, a village concept, which would capture optimum humane and therapeutic living characteristics. This would allow for high level and specialized treatment and rehabilitation programs that would best prepare psychiatric patients for more productive community living.

Schools and departments of the University of Hawaii are developing linkages with the hospital so as to insure a quality therapeutic, training, and research environment.

Because of the innovative nature of this far-reaching project, and because of Hawaii State Hospital's substantial role in serving the entire Pacific Basin, we request support for the hospital by the Federal Government. The State of Hawaii has thus far been able to appropriate initial funding to cover the planning and design of the new hospital. An additional $37,648,000 is necessary to commence and complete the construction project.

Mr. Chairman, other information has been added for support statements to this request. We certainly welcome the opportunity to present this project before Representatives of the Congress of the United States, and urge your support for funding the rebuilding of Hawaii State Hospital.

Thank you.

Senator WEICKER. I suppose the only question I have relates to your statement that the State of Hawaii is particularly grateful to Dr. Carolyne Davis, Administrator, Health Care Financing Administration, for her continuing support and funding of the hospital. Then, in the additional material which you have just referred, you make it very clear in your own statement that the hospital is deficient. Why should we continue any accreditation? It seems to me from what you say there, the place ought to be closed.

Dr. MEE-LEE. I think we're all fully cognizant of the concern about the physical plant. The State has attempted to move forward as rapidly as possible to address those concerns and I think it merely appeared for some time in making those construction changes——

Senator WEICKER. Well, my next question would be that, unless that accreditation is withdrawn, don't you feel that there will be foot-dragging insofar as the State getting to the problem? I'm perfectly willing to work with Senator Inouye on whatever the Federal role is to be here. I have no problem with that. I know how States operate, Hawaii is no different from Connecticut. The fastest way to get people to appropriate the money and get on with it is to just literally have a closing imminent. Then they'll do it, but they won't do it until then.

Dr. MEE-LEE. We understand that approach, Mr. Chairman, but I think both the State legislature, as well as the State administration have been fully made aware by the Federal visitors that that is a major concern. We have indicated our commitment to progress, and I think we are proceeding as rapidly as possible. We certainly could benefit from additional support for the construction.

Senator WEICKER. I'd appreciate it if the staff director of the full committee, Mr. Kennedy, who is here and Tom van der Voort, who is representing Senator Proxmire, might make a brief visit to the facility. I'd appreciate if you'd go with them.

Dr. MEE-LEE. I'd be extremely pleased to make arrangements for that.

Senator INOUYE. Pardon me, could you if possible provide us with some information which would indicate the consequences of no accreditation or certification, to the State of Hawaii? It would seem obvious that it would be chaotic, but the record should show what would happen if the certification was taken away. And I think it would be very helpful if the legislature here was made aware of the consequences of such action.

Dr. MEE-LEE. We'll be glad to prepare statements for you, detailed information on that, and supply that to you.

Senator INOUYE. Thank you.

STATEMENT OF CHRISTINE LING, CHIEF, HEALTH PROMOTION AND EDUCATION OFFICE, HAWAII STATE DEPARTMENT OF HEALTH

Ms. LING. Mr. Chairman, members of the Appropriations Committee, I'm Christine Ling, I'm chief of the health promotion and education office. My comments will be very brief this morning, on the use of Federal block grants for health education programs and risk reduction programs.

The department has utilized block grant funds during the past 4 years to strengthen health education programs. They have funded some innovative risk reduction programs for intermediate and high school students, for workers.

And for this purpose the department has been in close touch with the Communicable Disease Center in Atlanta, Ga. We have no major problems with communications or in the nondelivery of promised assistance.

Hawaii is one of the 48 States with risk reduction projects. Each year the State applies for block grants. In return, Hawaii is one of the States providing information into a national health center, which can abstract data, and make comparison with other States.

These block grants as indicated by Dr. Mee-Lee have, indeed, allowed us the flexibility and authority to develop programs to meet our needs. We do hope this funding will continue, and we do wish to thank you, Congress, for these incentive grant funds.

Thank you.

Senator INOUYE. What sort of project is this risk reduction program, how do you work it out?

Ms. LING. We get a grant from the Communicable Disease Center at Altanta and then we have developed five projects directed at the life styles of people, because we know that with the new data coming out, that we can uplift our health, probably extend life, through the use of programs of risk reduction.

First of all we have gotten a large grant which takes a look at what people are doing through an instrument devised by CDC called a health risk appraisal. We run people through that and then counsel them individually to make changes. We ask people to contract themselves as to what changes might be made, then we get people together in groups to see what they want to do about their health. I might say that it is a demonstration program, we don't have data yet to back it up.

Senator INOUYE. Do you participate in our school system, to urge our students to cut out smoking?

Ms. LING. We have two projects based and aimed at the intermediate schools, and the other is based on high school students.

As you well know, and we well know, marihuana growing is very prevalent in the islands, and we're trying to get the students and students' parents workshops together to take a look at what they want to do about the problem.

Senator INOUYE. Have you had any positive results?

Ms. LING. Yes; I think that the curriculum that has been developed will make some changes, but we won't know until the end of this year. The University of Hawaii is helping us with that evaluation.

Senator INOUYE. These are just pilot projects?

Ms. LING. Pilot projects.

Senator INOUYE. Do you anticipate having it statewide?

Ms. LING. We hope so, the school system at the end of 4 years at Leilehua has individuals that would like to extend the curriculum that was developed to other projects, to other parts of the State.

Senator INOUYE. Thank you very much.

Senator WEICKER. Thank you.

STATEMENT OF NANCY S. PARTIKA, PROJECT DIRECTOR, HEALTH CARE FOR REFUGEES PROGRAM, HAWAII STATE DEPARTMENT OF HEALTH

Ms. PARTIKA. Members of the committee, my name is Nancy Partika, I'm project director of the health care for refugees program. I'll be the last speaker today for the department of health.

There are an estimated 6,000 refugees in the State of Hawaii, approximately 95 percent of which are of Indochinese origin. Hawaii has been ranked second nationally in terms of refugees per population, and Honolulu is listed as 1 of the 40 most impacted counties in the United States. The number of Hawaii refugee arrivals, however, has dropped dramatically since 1981, from an average of about 1,500 arrivals a year to a current average level of about 20 to 25 new arrivals a month.

Our health care of refugees program was first funded in fiscal year 1981, and it is administered by the Hawaii State Department of Health, and federally funded through the U.S. Public Health Service. It does provide for health screening of refugees in Hawaii, initial coordination of health assessment and medical evaluation.

The refugee project is now in its fourth fiscal year of funding, and has a new operational budget of $50,231 in new Federal funds. The project has received very favorable recognition from both the region IX Public Health Service and the Centers for Disease Control in Atlanta for its comprehensive screening program and for achieving a 98-percent health and TB screening completion rate in new refugee arrivals over the past year.

The project addresses specific health problems prevalent in the high-risk refugee population by providing for the prompt detection, treatment, and prevention of these conditions in a culturally-sensitive and appropriate manner. Some of the most common health problems that we see are tuberculosis, parasites, dental diseases, and other abnormalities and disabilities. A more complete description of the health problems and the status of Hawaii's more recent refugee arrivals, in fiscal year 1983, is described in the health care for refugees program annual report for 1983.

Concerns and issues regarding the health of refugees are numerous. However, I will only address three here.

One major and ongoing need is for the provision of culturally-appropriate and community-based mental health services to Hawaii's refugee population. Thus far, funding has not been attained for Hawaii for this major area of concern to the community.

Another need is for the provision of basic health services for immigrant-status arrivals under the orderly departure program. Those arriving directly from Saigon, because of their immigrant status, may not be eligible for any public assistance or refugee-funded programs after arriving, and sponsor support is often not adequate to cover the health care needs. The personal as well as public health implications of this lack of health screening and followup is anticipated to be of significant concern to this State.

Third, is the request by this department to continue to provide funding for the refugee screening program while refugees continue to arrive and settle in Hawaii and the United States.

Finally, I'd like to thank Senator Inouye for his continuing efforts and active support for refugee services, particularly in the area of refugee mental health.

We'd like also to thank the U.S. Public Health Service region IX office and the Centers for Disease Control refugee screen program staff for their excellent, ongoing assistance and support for this program.

Thank you.

Senator WEICKER. Thank you very much.

Senator INOUYE. One question. Approximately what percent of the refugees coming through your screening process are found to have disease or disability?

Ms. PARTIKA. Over 95 percent of them we've found to have some abnormality on arrival. I think the severity of the problem has decreased as the screening process overseas has gotten better.

Senator INOUYE. Ninety-five percent?

Ms. PARTIKA. Over 95 percent. We're looking at abnormalities, dental disease, parasites, skin diseases, or TB.

Senator INOUYE. What percentage of the refugees have tuberculosis?

Ms. PARTIKA. About 10 percent have class A or class B tuberculosis, which may be active or inactive. However, 72 percent have shown to be TB-susceptible, which means that they have positive skin test readings.

Senator INOUYE. And those were not found at the source perhaps because through the screening process here——

Ms. PARTIKA. They're screened with chest X-rays overseas at this time, and I believe they will be starting skin testing in the future. At this time we are only doing chest X-rays and they are fairly accurate about being able to diagnose the class B TB. We have found cases of a refugee being diagnosed as class B and they turned out to be actually an active case of tuberculosis. We have had some cases which have slipped through undiagnosed. However, this is fairly uncommon now.

Senator INOUYE. What happens to a refugee who is screened here but he is en route, say to California? Is he held here?

Ms. PARTIKA. Well, I think what you're referring to is the problem of secondary migration, and if the refugees are screened here, if they stay here at least they will receive a fairly comprehensive screening. However, we often get a lot of secondary migrants back and forth between the States, and we don't even know the exact level of secondary migration of refugees. Eighty percent of the refugees that arrive in Hawaii do require some sort of health screening when they arrive here. They may have arrived more than 2 years ago and they were never screened. So, we do provide services for secondary arrivals, as well as followup in TB health screening. We also do referrals for dental screening, if they need it.

Senator INOUYE. Thank you very much.

Senator WEICKER. Thank you. The prepared statements of all the preceding witnesses will be placed in the record at this point.

[The statements follow:]

STATEMENT OF CHARLES G. CLARK

Chairman Weicker, welcome and Aloha to Hawaii. We are indeed pleased by your subcommittee's visit to our Islands.
Senator Inouye, welcome home. We are always pleased to see our Senior Senator whose concerns over our programs are certainly much appreciated.

My introductory remarks will be very brief, after which my staff will present substantive information that we believe will be of special interest to this subcommittee.

Let me first call your attention to a historical footnote that may be of special interest to you. Taking into account Hawaii's development prior to annexation, our Department of Health has the longest history as a government-sponsored public health agency in the United States.

Our department was founded in 1850 by King Kamehameha III.

This was only two years after public health was established as a government function in England. And, it was five years later, in 1855, that the first continental department of health was established in Louisiana.

Government interest in public health here came on the heels of epidemics of measles, whooping cough, smallpox and mumps -- diseases imported to the Islands and which nearly decimated the native Hawaiian population.

Understandably, many of the early government regulations and activities of the Health Department were directed towards the protection of the resident population from alien diseases and illnesses.

Today, we continue to face special problems: while we welcome our visitors and new residents, they also bring with them associated health problems.

Hawaii has a higher proportion of its population as refugees, immigrants, tourists and transient military personnel than any other state in the Union.

As a Pacific gateway, many of our immigrants come from lesser developed nations of the Pacific-Asian basin. We, therefore, see a higher incidence of tuberculosis and Hansen's Disease, coupled with an increasing tendency towards resistance of these diseases to existing drug therapy.

Other diseases unusual to the continental U.S. have been brought to Hawaii. Given the mobility of our nation's people, there is always the prospect that other states can quickly be exposed to new problems in public health.

Recognition of this situation by Federal agencies has led to several long-standing cooperative preventive health activities in Hawaii...and we appreciate this shared concern.

Nevertheless, we continue to face complex problems in serving our new immigrants and refugees. For instance, this department translates health information publications in 14 different languages, and we use language-specific health aides as much as possible.

An important service is provided through the federally-supported health-screening and channeling program for refugees. Extending this to immigrants entering Hawaii would greatly benefit these newcomers and their families while providing added protection to the resident population. I respectfully suggest such a program would be worthy of your consideration.

Before turning our presentation over to my staff, may I take this opportunity to express our gratitude to you, Mr. Chairman, and to Senator Inouye for your continued support of Hawaii's special needs in public health.

We especially appreciate your interest in our Hansen's Disease program, particularly in the long-term care given to patients at Kalaupapa. The transfer of the former U.S. Public Health Service Clinic to the State for our own programs is also appreciated, as are the various grants-in-aid given to our department.

Again, mahalo for taking the time to visit our State and to listen to our views.

STATEMENT OF MAE N. KURAMOTO

Honorable Chairperson and Members of the Senate Appropriations Committee, Subcommittee on Labor, Health & Human Services, Education and Related Agencies:

I appreciate the opportunity to appear before you today. I am Mae N. Kuramoto, Chief, Public Health Nursing Branch, State Department of Health.

I wish to express my appreciation and gratitude for the forward thinking of Hawaii's Senator Inouye and his colleagues in their sponsorship of nursing and health legislation which has made progressive impacts in the health care system in Hawaii and the nation. Senator Inouye's support and commitment to the nursing profession are well recognized. The recent sponsorship of the Community Nursing Centers Bill is a fine example of his astuteness to the needs of the American people and the role that professional nurses could assume in the provision of ambulatory care through independent nursing centers.

I would like to cover two areas in my presentation:

1. A Description of Current State of the Public Health Nursing Branch.
2. A Request for the Expansion of Public Health Nursing Services Through the Community Nursing Centers.

I. Description of Current State of the Public Health Nursing Branch

Public Health Nursing Branch provides nursing services to service programs of the Department of Health and in the community. The goal is to promote wellness and to provide restorative and preventive health care services to individuals, families and communities in the State. We have 93 public health nurses geographically distributed throughout the State with assignments to provide services within a specific geographical area. Services include health assessment, education, consultation/guidance, prescribed treatment procedures, case management, evaluation of care and referrals to appropriate care providers. Working from Centers, services are provided in the home, office, care home, school, day care center, clinic, community settings and by telephone. Thus, public health nurses are the front-line health workers in the community. In FY 1983, Public Health Nursing Branch served 7% or 69,692 of the State's population of 946,691.

Unfortunately, fiscal restrictions imposed by the 1983 Legislature and the Administration amounting to $203,850 or 6% of the PHN budget ($3,320,787) created a hardship in the delivery of public health nursing services. When 94% of the program's budget is earmarked for personnel costs, it is inevitable that majority of the program's restriction comes from this expenditure category.

When fiscal constraints affect other programs, an increase in the number of referrals for public health nursing services is noted. It has been difficult to meet all the requests. Wait lists for children requiring well-child care and immunizations have been established. Families qualifying for military and third-party coverage are encouraged to seek care from their usual medical homes. However, those with limited or no insurance coverage for health care and those with Medicaid coverage but who are unable to continue receipt of medical services from their physicians, turn to the public health nurses for direction and care.

The transient, refugee and immigrant populations require many of the services provided and require intensive monitoring and coordination. For those individuals from the Pacific and Asian countries, acculturation and language problems require special attention, frequently time consuming, before positive results occur. Referrals for tuberculosis source and contact investigations and Hansen's Disease follow up continue to be numerous, especially among the immigrant and refugee population.

The number of abused and neglected children continue to show an increase, and they require extensive joint intervention measures with social workers from the Department of Social Services and Housing. The need for monitoring of health status, counseling and teaching of child care and enhancing relationships between child and family is paramount, especially for those who lack the knowledge, skill and/or support in child and family management.

With the obvious need for more public health nursing services and limited funding, the Department acquires extra funds for needed services through project sources. The Case Management and Coordination Project on Hawaii, which provides interdisciplinary case management services to Hawaii County's frail, vulnerable elderly through Title III B of the Older American's Act and the Hawaii County Office of Aging, is an example. Another Older American Act project on Hawaii is the Senior Health Volunteer Project. This project provides individualized preventive skills training to 20 or more island-wide volunteers who, in turn, provide health screening services to 1,000 Hawaii County seniors. The Elderly Health Maintenance Program on Kauai focuses on preventing development of chronic disease and detecting illnesses through health screening activities. Another example is the State Hypertension Project, Federally funded under the Preventative Health Block Grant which focuses on early detection of high blood pressure with follow-up services and strengthening professional and public education on hypertension. Certain of our ethnic groups are especially prone to hypertension.

The Jobs Bill Project, when initiated, will provide nursing services to families of unemployed breadwinners on Molokai and selected areas on Hawaii and Oahu. Its focus will be on enhancing the health of family members through acquisition of self-responsible health practices.

Unfortunately, these Federal projects are for short-term periods and require considerable administrative time. However, such projects have demonstrated their cost effectiveness to the State but their continuance cannot be assured.

Recently, a staff public health nurse was selected to enter the Geriatric Nurse Practitioner (GNP) Program at the University of Colorado beginning in January, 1984. The Program previously focused on preparing GNPs for long-term care facility assignments. Hawaii's representative will be one of the first candidates from a community health nursing setting.

II. Request for the Expansion of Public Health Nursing Services Through the Community Nursing Centers Bill

Public Health Nursing Branch actively supports the Community Nursing Centers Bill introduced in the U. S. Senate by Senators Inouye and Packwood and looks forward to participating in the program upon its enactment.

Public Health Nursing in Hawaii will be able to provide care and services to all three of the populations identified in the Bill. Currently, approximately four-thousand seventy-five or twenty-six percent of children attending well child conferences are Medicaid eligible and three-thousand or twelve percent attending adult health clinics and/or receiving nursing care at their residences are Medicare eligible.

With the additional revenue assistance, the already established mechanism of service delivery can be expanded as well as creative approaches to effective and efficient service delivery could be developed and implemented, including the utilization of eight pediatric nurse practitioners and the geriatric nurse practitioner. The Hawaii Public Health Nursing Program accepts this exciting challenge of Community Nursing Centers.

Thank you for the opportunity to present this testimony.

STATEMENT OF DR. ARTHUR LIANG

Honorable Chairperson, members and staff of the Subcommittee on Labor, Health and Human Services.

I am Dr. Arthur Liang, Chief of the Epidemiology Branch. I am pleased to have the opportunity of presenting the testimony of the Communicable Disease Division of the State Department of Health.

In addition to the testimony being presented at this hearing, copies of position papers from the Division have been prepared for you and have been distributed to you.

The Communicable Disease Division is responsible for the prevention and control of communicable disease in Hawaii.

Because of Hawaii's unique situation in relation to immigrants, refugees, visitors and tourists, communicable disease patterns in Hawaii often take on characteristics of the country origins of its people. As examples, the rate of tuberculosis among people born in Hawaii compares very favorably with the lowest rates on the mainland, the total rates including immigrants and Pacific Island people are the highest in the nation. Although Hansen's Disease rates have decreased markedly among locally-born people, nearly 50 new cases a year are found among immigrants and Pacific Islanders.

I would like to briefly describe the programs within the Communicable Disease Division and refer to the State and Federal interrelationships. Since you have had the opportunity to visit Kalaupapa Settlement, that program will not be included in the testimony.

In addition to the long-term care patients at Kalaupapa, the Hansen's Disease program services nearly 500 patients with treatment and rehabilitation services and screens their household contacts. A new patient has had symptoms for about one year before he reaches diagnosis and treatment. Treatment is required for 5 years to a lifetime. The Hawaii Hansen's Disease program has had a long and close relationship with the United States Public Health Service Hospital at Carville and for the first time in 1983, Hawaii's community based program received federal contract funds which will assist the state to provide appropriate services to outpatients.

Two problem areas are being addressed by the program, resistance to drugs and compliance. Resistance is often found in patients arriving incompletely treated from other countries; therefore multi-drug therapy is almost always required. Because of the length of therapy required and the social stigma still associated with the disease patients often discontinue therapy; hence, the serious compliance problem exists.

The State provides free screening, preventive and treatment services for tuberculosis. This has been a successful yet costly program. Locally born citizens have a low rate of tuberculosis despite the very high rate of tuberculosis in immigrants and refugees from Asian countries.

After the loss of 314(d) funds, all costs have been born by the State, with the exception of a part-time nurse and translator provided by Health Care for Refugees Project.

We are grateful to Senator Inouye for his efforts to again encourage federal aid to the states for tuberculosis control. In October, the State received the assistance of a Public Health Advisor assigned by Centers for Disease Control and funds for a small Cooperative Agreement Project, which will aid in delivering language and cultural specific services.

The major activities of the Epidemiology Branch include investigation of individual cases and clusters of infectious disease, the gathering and analyzing information on the reportable diseases in Hawaii, and the screening, treating, and educating the public in order to reduce the risk of acquiring or transmitting disease.

Traditionally, federal participation in the Epidemiology Branch has been substantial. In the General Epidemiology Program, Centers for Disease Control (CDC) has assigned an Epidemic Intelligence Service Officer (physician epidemiologist) to the State since 1967. This CDC-funded epidemiologist is usually assigned for two years and provides assistance to the State in conducting surveillance and disease investigations, as well as assistance in special projects that are of interest to the Nation, as well as the State. In return, the State offers a variety of technical experiences, administrative support and supervision. In the past, the federal epidemiologists have worked on such investigations as a large outbreak of rubella in 1976, an outbreak of Acute Hemmoraghic Conjunctivitis (AHC) imported from Samoa, and an outbreak of viral gastroenteritis associated with clams consumed at a Waikiki luau. The clams originated in England affecting several other states. The CDC epidemiologists have also provided valuable expertise to the Hawaii in such special studies as "Field Testing of the Rubella Vaccine," "Elucidating the Epidemiology of Leptospirosis in Waipio Valley," and the "Evaluation of the Premarital Rubella Screening Program."

To the epidemiologists, Hawaii is a unique opportunity. There are several diseases of high incidence which are unique to Hawaii. For example, the rates of salmonella, infant botulism, and Kawasaki disease are the highest in the nation; and in the case of salmonella and infant botulism, Hawaii's rate is nearly two times that of the nearest mainland state reporting these illnesses. Moreover, the island population is relatively stable and a high proportion of individuals have access to good medical care. These characteristics make Hawaii's island population uniquely suitable for study. In the future, continued direct aid to Hawaii and indirect assistance through support for the CDC Epidemic Intelligence Service will not only benefit the Nation's health by adding to our knowledge base of diseases such as Kawasaki disease, but also pay direct dividends to the State of Hawaii through epidemiology services rendered. Already the current CDC epidemiologist has been involved with evaluating the need for screening pregnant women for hepatitis B and a program for training Pacific Island epidemiologists using computer-assisted communications.

Since 1964, federal funding in personnel has supported Hawaii in developing a comprehensive statewide immunization program designed to prevent the transmission of vaccine-preventable diseases. In 1983, the Hawaii Immunization Program received $102,849 in federal assistance. The strategies employed in Hawaii conform with the national objectives including:

(1) Achieving and maintaining high immunization levels in Hawaii's child population. One of the key elements in maintaining high immunization levels is the stringent enforcement of the school immunization law. Current immunization surveys indicate that 99 percent of the children attending preschools, elementary and secondary schools are adequately immunized. A comprehensive immunization maintenance system has been established to insure that children born in Hawaii complete their immunizations on schedule, through such activities as educating parents and reminding providers of the need for immunizations, providing a method for routine family recordkeeping, and monitoring each child's immunization progress from birth to school entry.

(2) Improve surveillance of vaccine-preventable diseases and implementing aggressive and rapid outbreak control when disease is suspected. Despite our current low rate of vaccine-preventable illnesses, Hawaii continues to be exposed to measles, rubella and other contagious diseases from people from other countries not sharing our health conscience priorities. Immigrants, migrants, refugees, out-of-state students and 4 million tourists per year bring with them vaccine-preventable illness which requires continued surveillance and rapid outbreak control to limit transmission within the resident population. Currently of particular concern is the potential threat of measles and rubella among susceptible adults in colleges, universities and hospitals. There is a group of young adults who escape natural infection and who were never immunized during the first year following vaccine licensure. As much as 20 percent of young adults are susceptible to rubella and/or measles.

These state and federal strategies have made vaccine-preventable illnesses nearly non-existent in Hawaii. In 1983, Hawaii reported only one case of measles and one case of rubella, three cases of pertussis and 18 cases of mumps. No cases of tetanus, diphtheria or polio have been reported in Hawaii since 1976. However, in our inflationary economy, the costs of maintaining these programs continue to skyrocket. In recent years, prices have been increasing by 10% to 25% for vaccines. Recent indications are that DPT and Td vaccines will increase dramatically next year. If Hawaii's success in preventing childhood diseases is to continue, it is essential that federal support continue.

The Hawaii State Health Department received a federal grant in 1972 to perform gonorrhea control activities as a result of a National Gonorrhea Control Program. In the calendar year 1983, the Hawaii VD Control Program received $196,587 in federal financial assistance, and $97,383 in direct assistance. Some of the major activities supported by federal funds include: (1) A gonorrhea screening program, for which screens large numbers of asymptomatic women in various clinical settings. (2) Epidemiological activity, which includes the interviewing of VD infected patients to elicit their sexual contacts and subsequent tracing activities to locate and treat these VD contacts to prevent further transmission and illness.

In the past few years, the national strategy has been modified to expand VD control activities to include the following:

(1) Attention to sexually transmitted diseases other than gonorrhea and syphilis.

(2) Upgrading VD clinic services -

Through the use of federal funds, the Hawaii VD Control Program has been able to send three clinicians working in the VD Clinic to the "Sexually Transmitted Disease Clinician Training Course" sponsored by the Centers for Disease Control. This training course greatly improved the clinician knowledge and skills and VD diagnosis and management.

(3) Initiating an aggressive "pelvic inflammatory disease" (PID) control program. The emphasis of the PID program is the early identification of women with PID and the effective management of the patient to insure proper treatment, follow-up, and also aggressive contact tracing to prevent reinfection and reoccurrence of PID.

The effects of the increased prevention and detection activities were clearly evident as early as 1977; five years after the intensified VD control efforts, the gonorrhea case rate peaked and has been declining ever since. Although the resistant form of gonorrhea was first found in Hawaii in 1975 and 100 cases in 1982, aggressive control measures have presented "colonization" in our local population. Federal funds have had a tremendous positive impact on the Epidemiology Branch. In the general epidemiology activities annually, they provide direct assistance in the form of a federally-funded public health advisor. Federal financial assistance accounts for 36 percent of Hawaii VD Control funding and supports one-third of the 17 positions involved in VD control in the State. In the Immunization Program, federal funds account for 40 percent of Hawaii's control program and supports 6 positions of the 10 positions involved in immumization activities.

However, as gonorrhea and syphilis are coming more and more under control, it is clear that other sexually transmitted diseases such as Chlamydia and drug-resistant forms of gonorrhea have begun to take their place. In the future, new strategies will need to be developed to handle such problems.

We are grateful for the federal support to date which has contributed substantially to the success of the present program. However, it should be recognized that the disease problems in question have not been eradicated. The agents which cause disease are still present in the environment and are simply waiting for our defenses to be dropped and our vigilance diverted. Moreover, our experience with Legionnaire's Disease, Toxic Shock and AIDS teaches us that we cannot predict what new problems may arise or which agents will become resistant to the drugs we are using now. In order to continue the success of the present program and plan to meet the challanges of the future, continued assistance from the federal government will be necessary and, hopefully, sufficient.

Thank you Senator Weicker, Senator Inouye and to the other members of your staff for their kind attention.

STATEMENT OF FRANCES D. RIGGS

The Family Health Services Division, Hawaii State Department of Health, has had the opportunity and challenge of serving the women of childbearing age, infants and children through our Maternal and Child Health programs and through the services for Crippled Children. The Federal Government has been the basis of funding for these programs, first through Title V of the Social Security Act and more recently through the Omnibus Reconciliation Act of 1981 Block Grant Awards. Some smaller amounts have been obtained from other Titles. We are deeply grateful for all this assistance provided us over the years by the Congress of the United States.

The programs currently receiving funding assistance are:

I. Maternal and Child Health Block Grant

- A. Maternal and Child Health Branch
  - 1) Maternity and Infant Care Project clinics in Waimanalo and Nanakuli on the island of Oahu, and Hilo on the island of Hawaii.
  - 2) Children and Youth Project in Waimanalo on the island of Oahu.
  - 3) Sudden Infant Death Syndrome (Statewide).
  - 4) Regional Perinatal Planning Program (Statewide).
- B. Crippled Children Services Branch
  - 1) Early diagnosis for children with physical handicaps in medically eligible categories.
  - 2) Treatment for those children (and some support services to the families) who are fiscally eligible.

II. Other Maternal and Child Health Federal Funding

- A. Community Services for the Developmentally Disabled Branch

  Special Projects of Regional and National Significance (SPRANS) Grant - funding for the Perinatal Follow-Up Project.
- B. Crippled Children Services Branch

  For medical genetics counseling and screening program - National Medical Genetics Project funds - last year of funding, FY 1984.

III. Other Federal Funding - Current

Maternal and Child Health - Title X monies for Family Planning.

Funding sources lost since Omnibus Reconciliation Act became effective, include:

I. Title XVI for Crippled Children's Supplemental Security Income-Disabled Children's Program (SSI-DCP).

II. Title XX for Community Services for the Developmentally Disabled - The Infant and Child Developmental Programs and the Adult Day Activity and Case Management Program. Also, for Family Planning Services alone, the State has lost over $600,000 in Federal support since FY 81.

In 1981, with the inception of the Block Grants, funding for several programs ceased, or, when placed within Block Grant funding and State funding, were reduced, requiring the stretching of available monies to try to maintain services. This is represented, for instance, by the loss of Title XVI funds for the SSI-DCP and the inclusion of this program into Crippled Children's, with loss of positions as well as comprehensiveness of service. Also, because this is the last year of the Genetics ~~Program~~ funding, money to continue this program will need to come from an already severely restricted State budget, at the expense of another valuable program, or from the already stretched Block Grant funding. Some Block Grant monies are used to compliment State dollars used for Purchase of (medical, surgical and hospitalization) Service. These dollars have not kept up with increased costs.

Needs and Future Program Direction

In Maternal and Child Health there is a need for additional funding to advance the efforts of regionalization of the Perinatal Health Care System in Hawaii. The chances of being born alive have steadily improved in the State of Hawaii. However, the fate of a newborn in this State is not assured. There has been and continues to be disparity among certain ethnic populations and in certain geographic areas. Regionalizing perinatal services is an effective means of reducing morbidity and mortality in the State. The full system needs to be developed.

Community Services for the Developmentally Disabled includes diagnostic and intervention services for infants and children, especially 0 to 3 years of age. These services include services to military dependents statewide. It has been determined, during 1981-1982, on Oahu only, of over 500 infants served, 26% were from military families. During 1982-1983, data, again from Oahu only, indicate our Child Development Clinics/Diagnostic Observation Center and Infant Development Programs served 30.5% military dependents.

Community Services for the Developmentally Disabled Branch also wishes to emphasize the inability of communities to keep up with the demands for adult day programs. Under PL 94-142, disabled children up to 22 years are provided developmental, educational, and pre-vocational training to meet their needs through the Department of Education. These disabled individuals then leave the Department of Education system to be absorbed into community life as adults. This transition is in jeopardy for existing day programs are filled. There are, also, long wait lists. There is, in addition, a lack of appropriate programs for the severely multiply handicapped. Strong community day programming for the adult developmentally disabled will assure more and continued community placement and less use of institutional placement. The thrust to sustain these individuals at home and in the community should include adequate funding.

Another area of service which needs attention is that area relating to the needs of senior developmentally disabled persons. These developmentally disabled elderly citizens need programming to meet their needs as do all seniors. This transition into the senior years is occurring more and more frequently for our adult retarded. There are no programs to meet their specific needs and no additional funding to develop such programs.

Family Health Services have the mission to promote good health and well-being, to prevent disease and handicaps and to prevent increasing disability from handicaps already present in our specific target populations in our State. Of the three levels of prevention, primary prevention is our highest priority. The concept of primary prevention includes the need for PUBLIC INFORMATION AND EDUCATION. Many program services include health education at an individual/service provider level, and many programs provide their clients, as a group who come in for services, with education and prevention information and skills. We feel the inclusion of a specified percentage of each state's Maternal and Child Health Block Grant award should be set aside for the development and implementation, at specific program levels, of public information programs about specific health care needs. This could improve public information and make each individual more aware that it is his or her responsibility to make his or her own decision about health, to promote well-being and prevent disease. And it could improve awareness that a personal health decision and action can influence the health of another's life.

Thank you for allowing me to testify.

Statement of Denis Mee-Lee

I. EFFECT OF BLOCK GRANT FUNDING ON MENTAL HEALTH SERVICES IN THE STATE OF HAWAII.

The changeover from categorical to block grant funding has had a generally positive effect on alcohol, drug abuse, and mental health services in Hawaii. It has permitted use of federal funds in a manner more responsive to local needs and more broadly distributed throughout the entire State. Block granting has also permitted better integration of State and Federal funds, allowing us to move toward a comprehensive, integrated alcohol, drug abuse, and mental health system, with components ranging from prevention activities to residential and hospital level care. In this time of economic displacement, block granting has permitted a more flexible response to changing needs and funding patterns than would have otherwise have been possible.

These advantages have brought with them increased State responsibility for monitoring and evaluation of programs. In retrospect, the 10% of the block designated for administrative purposes has not proved adequate to totally meet these responsibilities. Because of this lack of management resources, we are concerned about our ability to assure that all funds available to the alcohol, drug abuse, and mental health system are spent in a responsive manner and provide services in the most effective and efficient manner possible.

II. HAWAII STATE HOSPITAL'S UNIQUE ROLE IN THE PACIFIC.

Hawaii State Hospital is located approximately 4,330 miles from Asia, 2,000 miles from Guam and Samoa, 3,636 miles from Tahiti, and 4,600 miles from the Panama Canal. This geographical location, in the center of the Pacific Ocean, places the Hospital at the crossroads of transpacific travel and in a strategic position as the largest public psychiatric facility in the Pacific Basin. As a consequence of its location, Hawaii State Hospital is called upon to provide for individuals from the Pacific Basin who are in need of specialized care and treatment not available on their home islands. In addition, Hawaii State Hospital serves as a crisis facility for individuals in transit who require emergency psychiatric care. For example, in the last 2 to 3 years Hawaii State Hospital admitted a Samoan community leader who had killed a neighboring tribesman and needed "political asylum" and closed treatment. In addition, another Samoan patient was admitted because he was too violent for the limited psychiatric facility and could not be treated effectively in Samoa's correctional facility. In addition, an Armenian radioman was admitted after being chained in the hole for the protection of the rest of the crew. Finally, a non-English speaking Korean airline hostess was admitted enroute from the West Coast to Korea because of a psychiatric emergency.

Within the State of Hawaii, Hawaii State Hospital serves a multiplex of ethnic and cultural peoples, including many new refugee immigrants.

Unfortunately, deinstitutionalization and the uncertainty of the future of Hawaii State Hospital have negatively impacted the Hospital's physical plant. The hospital lost Joint Commission on Accreditation of Hospitals [JCAH] accreditation in 1974, primarily because of physical plant difficulties. In more recent years, Medicare certification has been threatened, again primarily because of problems with the facilities. The current buildings and amenities do not meet many standard requirements. The State of Hawaii is particularly grateful to Dr. Carolyne Davis, Administrator, Department of Health & Human Services, for her personal intervention and support in continuing certification of the Hospital.

For these reasons, and for the purposes of creating a more humane and therapeutic treatment environment, the state administration has proposed the reconstruction of the hospital. It has been estimated that the new construction of patient care areas [except for the 3 forensic units] and the renovation of the administrative areas, would cost in the vicinity of $36 million dollars. It is proposed to construct an innovative community of noninstitutional structures, [a "village" concept], which would capture optimum humane and therapeutic living characteristics. This would allow for high level and specialized treatment and rehabilitation programs that would best prepare psychiatric patients for more productive community living. Schools and Departments of the University of Hawaii are developing linkages with the hospital so as to ensure a quality therapeutic, training, and research environment.

Because of the innovative nature of this far reaching project, and because of Hawaii State Hospital's substantial role in serving the entire Pacific Basin, we request support for the hospital by the federal government. The State of Hawaii has thus far been able to appropriate initial funding only to cover the planning and design of the new hospital. An additional $37,648,000 is necessary to commence and complete the construction project.

THE HAWAII STATE HOSPITAL REBUILDING PROJECT.

For several decades, the Hawaii State Hospital has been the only institution available for specialized, long-term, and intensive psychiatric hospitalization to the peoples of Hawaii, as well as to the various entities of the Pacific Basin. Although general hospital psychiatric inpatient services have been developed on all islands of Hawaii, and throughout the Pacific Basin countries, the Hawaii State Hospital has been an extremely essential resource for backup services to a large number of individuals in need.

In fact, although deinstitutionalization of the hospital was noticeably effective in the 1960's and 70's, so that the hospital was reduced from 1200 patients in 1959 to 140 in 1976, we have experienced a substantial increase in admissions in the past 5 or 6 years. During this time, the admission rate has increased by 50% to over 1000 patients admitted last year. The population served is representative of all ethnic and cultural groups present in Hawaii, including many new refugee immigrants, and other Pacific Basin countries. Native Hawaiians and individuals of Pacific Island heritage are well represented within the hospital population. When facilities in Guam or Samoa or other areas can no longer appropriately care for a psychiatric patient, they are often referred and transferred to the Hawaii State Hospital for more intensive and extensive treatment. The State of Hawaii has an agreement with some of these countries for the provision of backup specialized care. It is our commitment to provide such services for the total Pacific Basin areas.

It is difficult to provide exact statistics on the total number of admissions from other nations, and individuals who experience a psychiatric crisis while traveling. The census reports and statistics were not tabulated in a manner that would allow a retrospect accurate count. A report prepared in 1978 indicated that in the five year period from 1974 to 1978 a total of ten patients from the South Pacific were admitted from islands including Guam, Midway, Kwajalein, and American Samoa. Previous reports do not estimate the number of patients admitted while in transit across the Pacific Ocean.

In more recent years, a review has been made of the number of "patient days billed to South Pacific Islands or to other nations for psychiatric care and treatment of their citizens. In the last 2 1/2 fiscal years ending December 31, 1983, a total of 843 patient hospital days have been accumulated by aliens admitted to Hawaii State Hospital for emergency and/or special psychiatric care and treatment. In the same period, foreign nations and territories have been billed for a total of $71,034 for these periods of hospitalization.

STATEMENT OF PROBLEM

The facilities at Hawaii State Hospital are substandard and no longer meet credentialing criteria. In 1974 the hospital lost accreditation by the Joint Commission on Accreditation of Hositals [JCAH]. In the past several years, the Director of Health has been alerted by the United States Department of Health and Human Services that the Hawaii State Hospital risks the loss of certification to receive reimbursement for treatment and care of Medicare patients.

The consequences of being decertified by Medicare would include loss of federal reimbursement. Reimbursement from private insurance companies was lost in 1974 because of the loss of JCAH accreditation. The substandard facilities have also triggered the hospital's lack of compliance with the life safety code standards of the National Fire Protection Association, the occupational safety and health standards, rules and regulations, and public health regulations, Chapters 12 and 12-C.

The majority of buildings, and particularly the patient wards, are inadequate and unsafe. Patients do not have adequate space and privacy needed for comfortable living and effective recovery. Beds are crowded, bathroom facilities are dangerous and lack privacy, and there are no secure accommodations for patients to keep personal belongings.

We welcome the opportunity to present this project before representatives of the Congress of the United States, and urge your support for funding the rebuilding of Hawaii State Hospital.

Statement of Christine Ling

USE OF PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANTS FOR HEALTH EDUCATION-RISK REDUCTION PROJECTS AIMED AT SCHOOLS, THE PUBLIC, AND THE WORKING COMMUNITY.

Public Law 97-35, which established the Preventive Health and Health Services Block Grant, was designed to provide flexibility and authority to states in determining needs, priorities and in distributing funds. Federal dollars have strengthened Hawaii's health education programs. Federal dollars have created innovative demonstration projects and provided the means of establishing an advisory citizens' group composed of representatives from each county, from private industry, and from governmental and voluntary agencies.

Federal dollars have made possible five risk reduction projects and we are tentatively concluding that intervention programs can change health behavior. Two projects were directed at alcoholism and drug abuse in the intermediate and high school population. The students provided the data for a curriculum change and teacher/parent workshops. The evaluation of these two projects was subcontracted to the School of Public Health, University of Hawaii. The final reports are due at the end of this year.

A major project, using a computerized health risk appraisal of individuals who are counselled to write their own plans for changing health behaviors, was conducted for Department of Health staff and other government workers. Lifestyles were clearly recognized as impacting on the state of health of individuals and collectively on the leading causes of death. Individuals signed contracts to engage in smoking cessation, weight reduction, and exercise. These staff members are expected to use the knowledge they have gained about health behaviour with their own clients.

Another funded project was developed by the Kaiser Permanente Program, a health maintenance organization which gained experience with its own staff before exporting risk reduction programs to interested companies in Honolulu. This project is in its infancy, but holds promise of continuing as a private enterprise.

Hawaii is one of 48 states with risk reduction projects. Each year the state applies for block grants. In return, Hawaii, as one of the states providing information into a National Center, can abstract data in order to make comparisons and to share resources.

We feel federal dollars have strengthened Hawaii's programs in health promotion and education. The block grants have indeed allowed us the flexibility and authority to develop programs to meet our needs. We hope the funding will continue, and we wish to thank Congress for these incentive funds.

STATEMENT OF NANCY S. PARTIKA

There are an estimated 6,000 refugees in the State of Hawaii, approximately 95% of which are of Indochinese (Vietnamese, Laotian, or Cambodian) origin. Hawaii has been ranked as second nationally (1/159) in terms of refugees per population,[1] and Honolulu is listed as one of the 40 most impacted counties in the U.S.[2] The number of Hawaii refugee arrivals has, however, dropped dramatically since F.Y. 1981, from an average of 1,500 arrivals a year, to a current average level of approximately 20 to 25 new arrivals a month. The amount of secondary refugee migration to and from other states has been difficult to determine, but is still occurring at a significant level.

The Health Care for Refugees (HCFR) Project, first funded in FFY 1981, is administered by the Hawaii State Department of Health and federally funded through the U.S. Public Health Service, to provide for the health screening of refugees in Hawaii. The HCFR Project is responsible for coordination of the initial health assessment/medical evaluation of all refugees entering Hawaii. The Project monitors the screening, treatment, and control of tuberculosis and other communicable diseases in refugees, and provides for the dissemination of health services information and education to recent Hawaii refugee arrivals. The Project also maintains a refugee health registry in order to monitor the health status of Hawaii's refugee population and to collect pertinent health date for state and federal information purposes.

The HCFR Project is now in it's fourth fiscal year of funding, with a current operational budget of $50,231 in new federal funds for FFY 1984. The Project has received very favorable recognition from both the Region IX Public Health Service and Centers for Disease Control Refugee Health Program - Atlanta offices, for it's comprehensive screening program and for achieving a 98% health and TB screening completion rate in new refugee arrivals over the past year. The initial health care for Hawaii's newly arrived refugees is coordinated by the Project through a unique public and private cooperative system involving the State Department of Health, the voluntary resettlement agencies, other community refugee services agencies and local private medical and dental providers.

The HCFR Project addresses specific health problems prevalent in the high-risk refugee population by providing for the prompt detection, treatment, and prevention of these conditions in a culturally-sensitive and appropriate manner. Some of the more common refugee health problems include: *Tuberculosis (8.1%) - Class A or B TB, 71.4% TB susceptible, parasites (45%), dental disease (87%), other abnormalities and disabilities, under nutrition, and a general lack of adequate knowledge of health and disease, and the U.S. health care system.* A more complete description of the health problems and status of Hawaii's most recent refugee arrivals (FFY 1983) is described in the accompanying HCFR Project Annual Report for FFY 1983.

Concerns and issues regarding the health of refugees are numerous, however, only three will be addressed here.

A major and ongoing need is for the provision of culturally-appropriate, community-based mental health services to Hawaii's refugee population. Culture shock and the stress of resettlement with it's accompanying problems requires mental health support services specific to this population. Thusfar, funding has not been attained for the this major area of concern to the community.

Another documented need is for the provision of basic health services for immigrant-status arrivals under the Orderly Departure Program, arriving directly from Saigon. These immigrant-status arrivals appear to be increasing in number, they often have health needs paralleling the refugee-status arrivals and may even be from the same family. Because of their immigrant status, however, they are not eligible for any public assistance or refugee-funded program after arrival, and sponsor support is often not adequate to cover the health care needs. The personal as well as public health implications of the lack of health screening and follow-up is anticipated to be significant concern to this state.

Third, is the request by this Department to continue to provide funding for the refugee screening program while refugees continue to arrive and settle in Hawaii and the U.S. This program services not only new arrivals but also our former refugee arrivals, by coordinating public resources for health services information to refugees in Hawaii, as well as to ensure the adequate health screening and treatment of this high-risk population.

Finally, we would like to thank Senator Inouye, for his continuing efforts and active support for refugee services, particularly in the area of refugee mertal health. We also wish to acknowledge the Public Health Service Region IX Office and CDC Refugee Screening Program staff, for their excellant, ongoing rapport and assistance with this program.

1 - Senator Daniel Inouye, correspondence to Dr. Phillips Hawkes, ORR, 2/23/83

2 - Federal Register Notice, Vol. 48, #43, 3/3/83

STATEMENT OF DR. JOSHUA C. AGSALUD, DIRECTOR, DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, HAWAII STATE DEPARTMENT OF HEALTH

Dr. AGSALUD. Thank you Senator Weicker, Senator Inouye, my name is Joshua Agsalud. I'm the director of the department of labor and industrial relations.

Mr. Chairman, I wish to extend to you a warm aloha and to welcome you to our great State, and I echo all of those before me who have expressed their appreciation of your many accomplishments and your concern regarding the unique needs of our State.

I'd like to give you, Mr. Chairman, and Senator Inouye, a special welcome to the Keelikolani Building which houses this particular department. And on your way to Kalaupapa this afternoon, you might want to stop off at our unemployment insurance claims office on the first floor. It's considered one of the better aesthetically designed unemployment offices throughout the Nation, and does provide for a pleasant environment for those people who have social and economic problems.

I'm aware of your tight schedule, so I will not ask my division chiefs to come forward to present testimony, and I will paraphrase my original testimony that I have submitted to you.

Our department administers programs ranging from job training programs, especially the very new Job Training Partnership Act, which Congress has just passed last fiscal year, the employment services, unemployment insurance, Fair Employment Practices Act, the Occupational Safety and Health Act, and the other Federal, State programs with which I'm sure you are very familiar. And we appreciate your understanding of the policy implications of Hawaii's unique geographic and historical development, and we hope that you will continue to give us special consideration out here in the Pacific.

First, your support, Senator Weicker and Senator Inouye, for the employment service and unemployment insurance systems have been essential to alleviating the economic hardship encountered by our jobless workers during one of the deepest recessions our country has ever experienced.

If I may point out one of the recent actions that you took was to restore the franking privilege for our employment security program.

At this time we are expecting a favorable decision on final approval status for our State administered occupational safety and health program, and again we'd like to thank you and commend Congress for supporting self-administration of this program as a positive direction for the occupational safety and health system.

We also want to thank you for the ERISA amendment, which restored to Hawaii the prepaid health program. In 1981 the Supreme Court ruled that our prepaid health care program was preempted by ERISA, but through the activities of the Congress our particular program here in Hawaii was restored. The amendment, however, does prohibit us from making any further changes, and as you know, our dynamic society and economic changes have forced us to look at our prepaid health program again. And we do not have the flexibility to make changes that we think ought to be made, and we will be coming back to you, to ask for further amendment.

Hawaii shares a number of concerns and problems with our neighboring Pacific territories and nations in Polynesia and Micronesia. We also share a closeness, an affinity fostered by similarities in culture, history, and geography. This common understanding and these common concerns have helped us to build a technical assistance network in the Pacific Basin for programs such as the new Job Training Partnership Act, that I mentioned earlier, and our career information delivery system, which we labeled as career kokua.

Under JTPA we welcomed the stronger local role, but we are aware that we are also confronted with problems and decisions in starting a new program from the ground up. Technical assistance was an immediate need and Hawaii became the logical center for establishing an ongoing assistance network in the Pacific Basin. We will be holding workshops and seminars with our fellow agencies in Samoa, Guam, the Commonwealth of the Northern Marianas, and the Trust Territories of the Pacific Islands.

Hawaii has also been instrumental in setting up a Pacific occupational information consortium involving the State occupational information coordinating committees, or SOICC's, of American Samoa, the Northern Marianas, and Guam. Occupational information is vitally important to the Pacific Basin for there is considerable migration to Hawaii and the continental United States. Therefore, we feel that that consortium providing occupational information to about 20,000 users in this particular area will be helpful.

Hawaii has, for many years, been a principal point of entry for newcomers from the Pacific Basin and the Far East. Recently, these immigrants have been augmented by Indochinese refugees. I'd like to report to you that this department has made special efforts to mainstream these individuals into the job market, including information programs in the different language groups.

Mr. Chairman, Senator Inouye, in the remaining time allotted to this department, I'd like to ask the chairperson for the commission on manpower and full employment, Mr. Richard Aadland, to express some views regarding vocational education in Hawaii and in the Pacific Basin area, if I may.

Senator WEICKER. Go right ahead, and both your prepared statement and that of Mr. Aadland will be placed in the record at this point.

[The statements follow:]

STATEMENT OF DR. JOSHUA C. AGSALUD

Senator Weicker, Senator Inouye, my name is Joshua Agsalud, Director of the State Department of Labor and Industrial Relations.

Mr. Chairman, I wish to extend to you a warm aloha and to express our appreciation for your many accomplishments and the concern you have shown for the unique needs of our island state.

We like to think of Hawaii as special -- and as a particularly progressive state. We feel that you have been instrumental in facilitating the changes necessary to continue to build this special quality of life for the people of Hawaii.

Our department administers programs ranging from job training and employment security to occupational safety and health and disability compensation. Most of our programs are directly affected by congressional appropriations and federal laws. Your understanding of and concern for the policy implications of Hawaii's unique geography and historical development will continue to be a key factor in maintaining a beneficial federal-state relationship.

For the record, I wish to relate a few of the areas in which your committee has provided invaluable assistance. First, your support of the employment service and unemployment insurance systems has been essential to alleviating the economic hardship endured by jobless workers during one of the deepest recessions our country has ever experienced. It is an irony that precisely during this time of need, the national administration has created administrative and fiscal barriers to providing adequate support to the unemployed. Were it not for your constructive efforts, much greater harm would have resulted.

Of recent note is the reinstitution of the franking privilege for our employment security programs. When the U.S. Department of Labor unilaterally discontinued the use of indicia mail effective last October, the states were confronted with a new administrative responsibility and a major financial burden -- at a time when we were still trying to cope with previous cutbacks in funding. Congress's reinstitution of the franking privilege provided needed relief to state programs for the unemployed.

Congress has also acted to improve federal-state relationships in two areas that are of particular importance to Hawaii.

At this time, we are expecting a favorable decision on final approval status for our state administered occupational safety and health program. Final approval is the consummate recognition and public acknowledgment that the state has met all plan commitments and is effectively administering its occupational safety and health program. We commend those members of Congress who have actively supported self-administration as a positive direction for the occupational safety and health system.

We also commend Congress for its successful effort to restore Hawaii's prepaid health care program. In what we consider a very progressive action, Hawaii passed the first state prepaid health care legislation in the nation in 1974. In 1981, after a lengthy legal battle, the U.S. Supreme Court upheld a Ninth Circuit Court of Appeal's decision that Hawaii's prepaid health care law was preempted by the federal Employee Retirement Income Security Act (ERISA), also enacted in 1974.

This was a serious setback for Hawaii's working men and women. However, Congress recognized the wisdom of a state prepaid health care program and, last January, the President signed a miscellaneous tax bill which contained an amendment exempting the Hawaii Prepaid Health Care Act from preemption by the federal ERISA. However, the language in the amendment prohibits any changes in the Hawaii law and we will be asking you to further amend the federal statute.

These are just several of the important congressional actions which have benefited Hawaii.

I would now like to turn to some of our department's priorities in the wider Pacific Basin.

Hawaii shares a number of concerns and problems with our neighboring Pacific territories and nations in Polynesia and Micronesia. We also share a closeness -- an affinity fostered by similarities in culture, history, and geography.

This common understanding and these common concerns have helped us to build technical assistance networks in the Pacific Basin for programs such as the new Job Training Partnership Act and our Career Kokua occupational information system.

The recently enacted Job Training Partnership Act gave states and territories primary responsibility for implementing a federal grant-in-aid program within their respective jurisdictions. Although we welcomed the stronger local role, we were also confronted with all the problems and decisions involved in starting a new program from the ground up. Technical assistance was an immediate need, and Hawaii became the logical center for establishing an ongoing assistance network in the Pacific Basin. Our location and uniqueness as both a developed urban center and an island economy facilitated our ability to bring together program administrators and federal representatives and to tailor workshops to the specific needs of Pacific Basin programs. The U.S. Department of Labor was particularly supportive of our lead role in building this network. They assisted us in presenting training sessions and provided us with additional travel funds so we could sponsor workshops on a quarterly basis. The workshops and seminars have included representatives from Samoa, Guam, the Common Wealth of the Northern Marianas and the Trust Territories of the Pacific Islands.

Hawaii has also been instrumental in setting up a Pacific Occupational Information consortium involving the State Occupational Information Coordinating Committees, or SOICC's, of American Samoa, the Northern Marianas, and Guam. Occupational information is vitally important to the Pacific Basin for there is considerable migration to Hawaii and the continental U.S. We recently conducted a needs assessment and found a potential market of 20,000 youth and adult occupational information users in the consortium area. In response to this potential demand, we have expanded our computer-based Career Kokua system. We have installed user sites on American Samoa, Northern Marianas, and Guam, and we are currently helping these sites to add local island data to their systems.

Hawaii could play a more significant role in meeting the occupational information needs of the Pacific Basin. We would like to see the Pacific islands serve as pilot sites for using satellite, microwave, cable television, and computers to develop and to deliver occupational information and services. We would also like to contribute to the development of national data banks so that people who are willing to move in response to changes in local employment conditions would have better access to information. Each of these efforts, however, calls for a greater federal investment in labor market information. We hope your committee will assist us by promoting research and development grants for new projects as well as permanent legislation to maintain and to improve established systems.

While our geographic location has given us the opportunity to play a greater role in the Pacific Basin, our location has also resulted in unique concerns. Hawaii has, for many years, been a principal point of entry for newcomers from the Pacific Basin and the Far East. Recently, these immigrants have been augmented by Indo-Chinese refugees. This department has made special efforts to mainstream these individuals into the job market, including information programs in the different language groups. As expressed earlier, I do believe that your committee has been sensitive to our situation.

Mr. Chairman, Senator Inouye, I conclude my comments by thanking the committee for giving this department the opportunity to present our views on behalf of the working people of Hawaii.

In the remaining time allotted to this department, I would like to call Mr. Richard Aadland, Chairman of the State Advisory Council on Vocational Education, to express some views on vocational education in Hawaii. The Council is administratively attached to this department and, since the Council is mandated to represent a wide spectrum of community interests in vocational education programs and services, monitors such programs and plays a key role in Western and Pacific vocational education activities, I have invited Chairman Aadland to present perspectives on vocational education in Hawaii and the Pacific.

STATEMENT OF RICHARD O. AADLAND

Senator Lowell Weicker, Senator Daniel Inouye and members of the Senate Subcommittee on Labor, Health and Human Services, Education and Related Agencies, I am Richard Aadland, Chairman of the State Commission on Manpower and Full Employment and the State Advisory Council on Vocational Education.

I am pleased to have this opportunity to share with you some of the accomplishments of vocational education in Hawaii and our ties in the Pacific Basin. The Hawaii State Advisory Council on Vocational Education is mandated to assess the effectiveness of programs and services aided by P.L. 94-482, The Vocational Education Amendments of 1976.

In Hawaii, federal vocational education incentives have been especially effective in advancing programs and services for special needs populations, the disadvantaged and the handicapped, and in promoting equity in delivery of services to all island areas and ethnic groups. Efforts to change traditional enrollment patterns in vocational programs focus on in-service training and awareness of equity issues among faculty and students.

Vocational education program improvement and innovation have also been spurred by federal legislation. For example, a 1982 three-year exemplary project focusing on agri-business occupations involved developing aquaculture lesson units for the secondary vocational education curriculum and planning and constructing sample testing facilities and equipment. Another project was a study of the need for an energy technician program at the postsecondary level. Both aquaculture and alternate energy development are major elements of Hawaii's overall economic diversification plans.

In 1980, the Hawaii SACVE together with the councils of American Samoa, Guam, Northern Marianas and the Trust Territory helped to organize a Pacific Basin region of advisory councils on vocational education. The reasons which impelled this Pacific orientation were our commonalities: in geography--sharing problems of distance and transportation; in demographics--relatively young and multi-ethnic populations, with unique ethnic, cultural, and linguistic traditions; in economy--good weather and beautiful scenery which have brought tourism to the fore, but recognizing limited natural resources and the need to seek better ways of utilizing what we have; in education-centralized departments of education with no local school boards and no financial support through real property taxes. This region has now been consolidated into the Western/Pacific region and a summary of the regional conference held in Honolulu is attached.

The need for educated and trained workers in a technologically changing society will increase, and as a lay council representing diverse community interests in our state, we believe we must insure the preparation and development of a work force to complement changing and developing economic enterprises. That is the task of vocational education now and in the future of the Pacific Basin.

STATEMENT OF RICHARD O. AADLAND, CHAIRMAN, STATE COMMISSION ON MANPOWER AND FULL EMPLOYMENT

Mr. AADLAND. Thank you. Senator Weicker, Senator Inouye, I'm Richard Aadland, chairman of the State commission on manpower and full employment. I also wear a second hat, the State advisory council on vocational education.

I'd like to correct a public law number in the second paragraph, it's Public Law 94–142, it should be Public Law 94–482.

I am pleased to take this opportunity to share with you some of the accomplishments of vocational education in Hawaii and our ties in the Pacific Basin.

In Hawaii, Federal vocational education incentives have been especially effective in advancing programs and services for special needs populations, the disadvantaged, the handicapped, and in promoting equity in delivery of services to all island areas and ethnic groups. Efforts to change traditional enrollment patterns in vocational educational programs focus on inservice training and awareness of equity issues among faculty and students.

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Senator Weicker, we certainly appreciate your support for vocational education in the past, and ask for your continued support in the future. Thank you very much.

Senator WEICKER. Thank you very much.

Franklin Sunn, director of the department of social services and housing.

STATEMENT OF FRANKLIN SUNN, DIRECTOR, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, STATE OF HAWAII

ACCOMPANIED BY SHIG NAKASHIMA, PUBLIC WELFARE ADMINISTRATOR, STATE OF HAWAII

Mr. SUNN. Thank you very much. Mr. Chairman, Senator Inouye, Hawaii has had much trouble in implementing the tremendous changes under the Federal executive plan in the welfare area. To compound our problems, legal aid locally has filed more suits in this small State than in other States with regard to overregulations. Hawaii, together with three other States faced potential sanctions amounting to millions of dollars for not meeting statutory error rate objectives. Through the enormous effort on our part we have cut our error rate considerably, and we have certainly appreciated your consideration in granting us more money to complete our corrective actions. Perhaps we have reduced our error rate, but we do well under the determined and intense pressure of the Department of Health and Human Resources, and they monitor our activities, and they're doing an excellent job.

With me today is public welfare administrator Shig Nakashima, who has prepared the testimony which has been submitted to you. His testimony covers five issues which he will summarize as best he can, and we'll both be available for any questions you may have.

Mr. NAKASHIMA. Thank you.

Senator Weicker and Senator Inouye, first of all, I would like to express my appreciation to Senator Weicker, for the role that he has played in the appropriations act, asking the administration to study the whole issue. I would also remind you, however, that we have heard that the administration has taken the position that they do not need to comply with that request. So, perhaps we need to look at some other ways in which that issue may be addressed. However, we are very grateful for the attention that you have given to that attempt, which is very vexing to all of the States, particularly Hawaii.

Now, with regard to the issues that I want to bring to your attention today, the areas of AFDC, food stamps, medicaid, also the refugee assistance program, and the veterans cemeteries.

In the AFDC program, one area that we're concerned about is the monthly reporting and retrospective budgeting system. We are recommending that the requirement for monthly reporting be made optional for the States and that States which choose to implement monthly reporting be given the discretion as to who would be required to report monthly.

The monthly reporting requirements, even when there are no changes, is intended to reduce errors, but requiring every recipient, in our case 17,000 cases, to report every month has added a tremendous workload to our already overburdened staff. Because of this, overburdened staff can't do their job thoroughly and, therefore, the requirement is not helpful to reduce errors, as it was intended to do. Making monthly reporting optional and letting States decide who would be required to report monthly would much better meet the intent of reducing errors.

We are making the same recommendation for food stamps, which recently mandated the same monthly reporting and retrospective budgeting system.

Another area of concern is the budgeting of Federal earned income tax credits as income. We're recommending that Federal earned income tax credits be treated as income for AFDC recipients only when they are actually received, and that the requirement to apply for credit be appealed.

Currently all employed AFDC recipients are being required to apply for the tax credit. If they fail to apply we are required to estimate and deduct the amount of the tax credit the recipient would have received. This requirement is extremely cumbersome and difficult to implement, and very conducive to error. The State's losses are more than offset by efficiency gained in adminstration.

A third area of concern is the budgeting of lump sum income. We are recommending that the current rule which requires the recipient ineligible for assistance for the period which the lump sum income—an example of lump sum might be an insurance settlement—would have sustained him on welfare standards be modified to afford him some leeway to meet unexpected expenses. This rule works extreme hardship on a recipient, particularly if the period of ineligibility extends over a long period, like over 1 year. We are suggesting that the period of ineligibility be determined, for instance, by dividing the lump sum received by 150 percent of the welfare standard, instead of the 100 percent as it currently required.

Another area that we're concerned about is the definition of income in AFDC. We are recommending legislation to define income in AFDC as gross income. Currently the definition is the subject of litigation, and the Federal courts have ruled both ways on the issue. Our court, the ninth circuit, have defined income as net, while the Federal administration has defined it as gross, and we are caught in between.

This is the issue in the *Nishimoto* v. *Sunn* case. And having income defined legislatively will settle the issue, which otherwise might take years working its way through the appeal process at great cost to a State like Hawaii that is calculating benefits on the basis of net income by order of the court.

Another issue is the coordination of AFDC and food stamp regulations. We are recommending the U.S. Department of Agriculture adopt a rule that anyone eligible for AFDC be automatically eligible for food stamps. For practical purposes an AFDC recipient is required to know the provisions of the two programs and to apply them correctly. This adds drastically to the workload and contributes significantly to the error rate. Our recommendation would simplify administration enormously and reduce the potential for errors in the food stamp program. We are recommending that Congress take whatever steps may be appropriate to prevent the Federal administration from adopting byrules that Congress has not approved—referring here to rules that are being rewritten by Carl Williams, a business consultant, to make it much harder for needy persons to qualify for food stamps. Examples of proposed rules are to consider energy assistance as earned income, to require an applicant to provide birth certificates and/or citizenship papers before giving energy assistance, requiring the aged and disabled persons to reapply every 6 months instead of the present 12 months, and so on.

In the medicaid program we are recommending that the requirement in the copayment option, or the provision to provide services regardless of whether the recipient could pay the copayment be eliminated. This requirement is unfair to the provider, and in the case of Hawaii has effectively nullified the copayment as a cost containment option.

In the refugee program we're recommending that all ODP—that's orderly departure program—cases be designated as refugees and that the Office of Refugee Resettlement allow ODP cases to be eligible for ORR-funded services and benefits. Currently the ODP program, which is an arrangement between the United States and Vietnam allows Vietnamese to legally immigrate from Vietnam to Bangkok, from where they get other eventual destinations.

This is a good program, but there is a problem in that some ODP cases enter as refugees and others as immigrants, creating hardship in many instances. There are cases where persons of the same family are classified differently and, therefore, treated differently.

And the last item we have in my testimony relates to veterans' cemeteries. Punchbowl Cemetery will be closed to casket interment and in-ground cremations in approximately 2 years, that's 1986. We are urging that the Veterans Administration expand Punchbowl Cemetery or develop an alternative site to permit our many veterans who have served our country so well to be buried in the only national cemetery in the Pacific region.

Senator Weicker. Senator Inouye, I thank you for this opportunity to present to you concerns that we have, and I'd be very happy to answer any questions you might have.

Senator WEICKER. Senator Inouye?

Senator INOUYE. Do you have any designated site for expansion of the cemetery or alternative site?

Mr. NAKASHIMA. We have discussed some areas——

Mr. SUNN. We do have a site in Waimanalo and perhaps some land also in the Waianae area. However, the simplest place would be, of course, to expand Punchbowl, although it has been expanded almost to capacity and considerable crematory urns sites have been constructed recently, so whether there is an additional site there or whether it can be expanded out of Punchbowl, it's debatable. But we're considering that.

Senator INOUYE. Isn't there some sort of agreement with the State that the cemetery will not go out of the crater?

Mr. SUNN. I'm unaware of it.

Senator INOUYE. That the cemetery can run up to the crest of the crater?

Mr. SUNN. Not quite, they do have some of the crematory urn sites all the way up to the rim.

Senator INOUYE. I just want a verification on a statement. You said that some of the proposed regulations failed to pass Congress, such as requiring each applicant to provide birth certificates or citizenship papers before receiving assistance, you are saying that you're against that, aren't you?

Mr. NAKASHIMA. We're against that, we tried to get the Congress——

Senator INOUYE. I just wanted to clarify that.

Mr. NAKASHIMA. They want to get that instead of legislation.

Senator INOUYE. I'm just wondering how many of you here have your birth certificates with you.

VOICE FROM THE FLOOR. Have to be born to have one, don't you?

Senator INOUYE. I think that should respond. Thank you very much.

Senator WEICKER. Thank you very much. Your statement will be placed in the record at this point, Mr. Nakashima.

[The statement follows:]

STATEMENT OF SHIG NAKASHIMA

My name is Shig Nakashima. I am the Administrator of the Public Welfare Division, Department of Social Services and Housing. I appreciate very much this opportunity to present for your consideration some concerns we have with respect to issues relating to certain federal programs which we administer as partners with the federal government, and also to other matters such as veterans cemeteries.

The issues I will be covering relate to the AFDC (Aid to Families with Dependent Children) welfare cash payment program, the Food Stamp program, the medical assistance (Medicaid) program, the refugee assistance program, and veterans cemeteries.

1. The AFDC Program

The 1981 Amendments to the Social Security Act enacted by the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, has helped the State curb the continuing rise in the cost of the AFDC program. At the same time, however, some of the changes under the Act, also increased the administrative cost of the AFDC program. We would like to see Congress consider some changes in the AFDC program as follows:

a. Monthly Reporting and Retrospective Budgeting

Under current federal guidelines, all AFDC recipients are required to submit a monthly report in order to receive the following month's financial assistance payment. The effect of this legislation has been to increase the workload of the State in administering the AFDC program, as the State must review 17,000 reports each month before AFDC payments are issued. These reports are also required for AFDC recipients who have no income, or changes in their household, which would affect the amount of the monthly AFDC payment.

We suggest that the requirement for monthly reporting be made optional and that states which coose to implement monthly reporting be given the latitude in identifying those families which would be required to report monthly. Currently, all AFDC recipients must submit a monthly report before benefits are paid. We think the change will increase the efficiency of administration and decrease the potential for errors since a significant number of errors stem simply from the fact that staff is overloaded and can't find enough time to do their job well.

For the same reason just discussed, we also recommend that the monthly reporting and retrospective budgeting system which was recently mandated for the Food Stamp program be made optional and that states choosing to implement it be given discretion to determine who would be required to report monthly.

b. Budgeting Federal Earned Income Tax Credits as Income

Under current legislation, all employed AFDC recipients are required to apply for earned income tax credits. If the AFDC household fails to apply for the earned income tax credit, the state is to estimate the amount of earned income tax credits the AFDC recipient would have received and deduct this amount from the amount of assistance the AFDC household is entitled to receive.

At the end of the calendar year, the state is required to determine whether the amount of federal earned income tax credit was correctly determined and to make up any underpayments made to the AFDC household.

From the administrative standpoint, this requirement is extremely cumbersome, difficult to implement, and highly conducive to errors. If the intent of the requirement was to effect savings by making the recipient utilize all resources available to him, we submit that this intent is misguided because actually the cost to the federal government is greater in requiring the recipient to apply for the tax credit. This is because the tax credit would be all federal funds whereas the AFDC payment that would be offset would be only 50 percent federal money. The other 50 percent comes from the State.

We agree that the tax credit, if received, should be counted as income and deducted from the AFDC payment. But applying for the tax credit should not be a requirement. The federal government loses nothing if the recipient does not apply for the tax credit. There is no incentive for the recipient to apply since he gains nothing by applying. The only entity which stands to lose is the State, since if the tax credit is received, the State saves on its 50 percent share of the AFDC payment that is offset. The saving, however, is relatively minimal and we feel that not having the saving is more than offset by the efficiency gained in the administration of the program and the reduced potential for errors which are of great concern to the State.

We recommend, therefore, that the budgeting of earned income tax credits be required only when the tax credit is actually received.

c. Budgeting of Lump Sum Income

Under current regulations, when an AFDC recipient receives lump sum income, the AFDC family is ineligible for AFDC benefits for the number of months derived by dividing this total income by the family's need standard.

We understand and accept the rationale that the recipient who receives a lump sum income should basically be expected to continue living on a welfare standard. There was inequity in the previous rule which made it possible for a welfare recipient who received a substantial lump sum income to spend all the income within a month or two and then return to welfare to be supported by the taxpayer. But expecting anyone to live on a strict welfare standard for a lengthy period like over one year because he received say $10,000 in one lump sum is not realistic. There will be unexpected expenses and debts not recognized by the Department that he will pay for if the money is available. This is only human, and should he do so, he will run short of funds before the period of ineligibility runs out and he will experience serious hardship.

We propose that serious consideration be given to reducing the period of ineligibility by revising the formula used to determine the period of ineligibility when the AFDC household receives a lump sum payment.

A possible solution would be to change the formula by which the period of ineligibility is determined. The revised formula might state that the AFDC family shall be ineligible for AFDC benefits for the number of months derived by dividing the total income by 150 percent of the need standard. We think this will allow a realistic leeway to meet unexpected expenses.

d. Definition of Income in AFDC

One of the major concerns the department has regarding the AFDC program is the lack of clarity of the word "Income" in the Social Security Act.

The Department of Health and Human Services has clarified the word "Income" in 42 USC §602(a)(7)(A) means gross income and that the earned income deductions be subtracted from gross income.

However, in a court suit entitled, Nishimoto vs. Sunn, the federal court ruled that the term "Income" in 42 USC §602(a)(7)(A) means net income and that mandatory payroll deductions should not be considered income for the purpose of calculating the amount of the AFDC grant.

We recommend that Congress pass legislation to clarify that the term "Income" in the Social Security Act, as it relates to earned income, is gross income instead of net income.

The passage of such legislation will clarify for the courts, the intent of Congress when the 1981 Omnibus Budget Reconciliation Act was passed.

If there is objection that the $75 work expense deduction is too low, that amount can be negotiated in the legislative process. Our basic concern is that what Congress meant by income should be clearly stated, and that the flat deduction concept should be preserved. This is particularly important to preserve uniform application throughout the country, to eliminate abuse and to enhance efficiency of administration.

e. Coordination of AFDC and Food Stamp Regulations

A major problem confronting the states is the lack of coordination between major federal programs such as AFDC and Food Stamps which serve basically the same target group. Currently AFDC eligibility workers are also required to learn and apply correctly Food Stamp regulations because they are required to process the Food Stamp requirements of AFDC recipients. This makes for a very substantial increase in AFDC worker workload, not to mention the increased potential for errors.

The federal government is placing major emphasis on reducing errors and in so doing are urging the states to simplify policies and procedures. Simplification of policies should begin with the federal government. A good beginning which makes eminent sense to us would be to have the U.S. Department of Agriculture adopt a rule that anyone eligible for AFDC is automatically eligible for Food Stamps. This would simplify administration enormously and greatly reduce the potential for errors.

We see no justification whatsoever, to make distinctions in eligibility between Food Stamps and AFDC. AFDC eligibility requirements are restrictive enough and if a family qualifies under these restrictions, they should qualify automatically for Food Stamps. We strongly urge that Congress adopt legislation to implement this suggestion.

2. Food Stamp Program

Our concern here is the USDA's proposed revision of regulations. The Administration hired a business consultant, Carl Williams, to rewrite certain food stamp regulations to make it harder for needy persons to qualify for food stamps. Many of the proposed revisions failed to pass Congress and include such changes as: considering energy assistance as income, requiring each applicant to provide birth certificates and/or citizenship papers before they can get emergency assistance, requiring disabled persons to prove their disability through verification from the State's Rehabilitation Agency, the Veteran's Administration, or the Social Security Administration, requiring aged and disabled persons to reapply every six months instead of the present 12 months, considering health insurance payments as income, disqualifying the whole family when one member of the home does not comply with work rules.

We wish to point out that the "Williams" proposed regulations would add excessive paper work burdens on food stamp applicants, and increase the work required of State agencies to secure and document such information. Not only would these revisions result in delays in getting prompt food assistance to needy families, the revisions would also cause the denial of benefits to some deserving applicants who cannot fulfil the strict verification requirements for one reason or another.

We are concerned that the proposed regulations (which incorporates the Administration's desire to cut the Food Stamp Program further) have failed to pass Congress and appear to be the Administration's way of circumventing Congress and its wishes.

We recommend that Congress take appropriate steps to prevent the Administration from instituting these rules changes.

3. Medicaid Program

Our concern here relates to the co-payment provision in the Medicaid Program. Because of a critical need to contain Medicaid cost, we considered as one of the cost containment options the imposition of co-payment by recipients. Our non-institutional providers, who incidentally suffered a 10 percent reduction in the reimbursement from the program in 1983-84, were supportive of the concept of co-payment until the fact became known that under Federal rules the providers could not deny services even if the recipient could not pay the co-payment.

We agree with the providers that requiring them to eat the cost if the recipients could not pay the co-payment is not fair. For this reason, we did not institute co-payment as one of our cost containment options.

We bring this to your attention today because we feel the requirement that providers give service even if the recipients cannot pay the co-payment effecitvely nullifies the co-payment provision as a cost containment option. We recommend the deletion of this requirement. We do not believe such deletion will adversely affect needed services to recipients for the following reasons:

a. Emergency medical services are exempted from co-payment.

b. The $1.00 nominal co-payment is not an unreasonable sum for recipients to pay.

c. Recipients have the option of enrolling in an HMO if they do not want to pay the co-payment. HMO's are prohibited from charging co-payments.

We note moreover that the requirement to provide services or goods even if the recipient cannot pay for them is not imposed on any other provider of services or goods.

If we are going to maximize the options available to states to contain Medicaid cost, we urge you to consider removing from the co-payment provision the requirement to provide services even if recipients cannot pay the co-payment.

4. The Refugee Program:

With regard to the Refugee Program, our current concern is the Orderly Departure Program known as ODP. This program is an arrangement between the governments of the United States and Vietnam whereby people are permitted to legally emigrate from Vietnam on airline flights to Bangkok. These ADP individuals thus avoid having to escape overland or by boat and be subject to all the traumas associated with the refugee experience, including long stays in refugee camps. We fully support this program and are pleased that it is being continued and will possibly be expanded.

What is problematic is that some ADP cases enter the U.S. as refugees and therefore are eligible for all benefits and services funded by the Department of State and through the Office of Refugee Resettlement, while other ODP cases are classified by the Immigration and Naturalization Service (INS) as immigrants and therefore do not qualify for any of the programs. There are even cases in which some individuals within the same family are classified as refugees and others as immigrants. Our experience has been that the individuals entering the U.S. through the ODP program are just as much, if not more, in need of the financial and medical assistance programs, orientation, health screening and employment and job training services and other resettlement services as are those individuals designated as refugees.

We understand that this is of concern nationwide. It is important to note, however, that Hawaii is fairly unique since we have a high percentage of immigrants from other countries, and therefore our community resources for immigrant services are already strained.

We would like to suggest two possible resolutions to this growing problem. The first is for the Secretary of Health and Human Services to urge the Immigration and Naturalization Service to designate all ODP cases as refugees. The second is for the Office of Refugee Resettlement (ORR) to allow ODP immigrants to be eligible for ORR funded services and benefits which would greatly enhance their resettlement in the United States.

5. Veterans Cemeteries:

Our concern here is that the National Memorial Cemetery of the Pacific will be closed for casket internments and in-ground cremations in approximately two (2) years (1986). The Veterans Administration has indicated that there are no plans at this time to expand the Punchbowl Cemetery or to develop an alternative site for a national cemetery in Hawaii. With the closure of the Punchbowl Cemetery, veterans primarily on Oahu, would not have the option of burial in a veterans cemetery unless the State, in cooperation with the City and County of Honolulu, establishes a veterans cemetery on Oahu.

We recommend the expansion of the Punchbowl Cemetery or the development of an alternative site for a national cemetery on Oahu by the Veterans Administration for the following reasons:

a. The Punchbowl Cemetery is the only national cemetery serving the Pacific Region and is a monument to all those who have served in the armed forces.

2. Punchbowl has historical significance because of the large numbers of veterans and service personnel who have served in World War II, the Korean Conflict, and Vietnam, who came from various nations, and who are interned there. Many veterans who have served in these conflicts, especially World War II, are aging and it would be a tribute and an honor to be interned in a cemetery with such distinction and significance. A county or state cemetery does not bestow nearly as much honor on veterans who have served their country so bravely.

3. The national cemetery will be open to all veterans regardless of residency whereas a county or state veterans cemetery would be restricted to residents of the county or state.

4. The Veterans Administration has the expertise to expand and maintain a national cemetery on Oahu.

Mr. Chairman, this concludes my testimony. Again, I thank you for the opportunity to lay before you and members of your Committee issues relating to the Federal Government which are of concern to us.

Senator WEICKER. The subcommittee will now recess for 5 minutes prior to hearing from the representatives of the territories. Governor Bordallo and Lieutenant Governor Tenorio.

[A brief recess was taken.]

Senator WEICKER. The subcommittee will come to order.

The next witnesses will be representatives of the territories. The Honorable Ricardo J. Bordallo, Governor of Guam and the Honorable Pedro Tenorio, Lieutenant Governor of the Marianas. I understand that Governor Coleman, the Governor of American Samoa is in the hospital, and Mere Betham will make a statement on his behalf. Do we have this representative here?

Ms. BETHAM. This is American Samoa.

Senator WEICKER. We apparently are missing Guam and Lieutenant Governor Tenorio, is that correct?

UNIDENTIFIED MAN. Senator, we'd be glad if you can take American Samoa out of order.

STATEMENT OF WILLIAM A. KINDER, EXECUTIVE DIRECTOR, PACIFIC POSTSECONDARY EDUCATION COUNCIL

ACCOMPANIED BY:

REV. BILLY KUARTEI, CHAIRMAN, EXECUTIVE COMMITTEE, PACIFIC POSTSECONDARY EDUCATION COUNCIL; RECTOR, BOARD OF REGENTS, COLLEGE OF MICRONESIA

DR. JOSE CRUZ, TREASURER, EXECUTIVE COMMITTEE, PACIFIC POSTSECONDARY EDUCATION COUNCIL; PRESIDENT, UNIVERSITY OF GUAM

AGNES McPHETRES, SECRETARY, EXECUTIVE COMMITTEE, PACIFIC POSTSECONDARY EDUCATION COUNCIL; PRESDIENT, NORTHERN MARIANAS COLLEGE

Senator WEICKER. No; I think what we'll do is move on to the next panel, which is the Pacific Postsecondary Education Council, Bill Kinder, executive director, executive committee; the Rev. Billy Kuartei, chairman and rector of the board of regents of the college of Micronesia; Jose Cruz, treasurer of the committee and president of the University of Guam; and Agnes McPhetres, secretary, of the committee and president of the Northern Marianas College. Is that correct? Or have I missed anything?

Mr. KINDER. No, sir, you have it exactly right.

Senator WEICKER. Go ahead and present your testimony in the way that is most comfortable to you.

Mr. KINDER. Thank you, Senator Weicker——

Senator WEICKER. Pull that microphone up.

Mr. KINDER. Senator Inouye, we feel this is indeed a unique opportunity.

Senator WEICKER. Is that microphone on? Somebody turn it on.

Mr. KINDER. How's this?

Senator WEICKER. That's fine.

Mr. KINDER. For us to meet with you here in the Pacific Basin. It's quite a long way to Washington, D.C. from the territory, and we seldom have this very special chance to meet with you and talk at some length about our serious and long-standing concerns on postsecondary education.

The Pacific Postsecondary Council is an incorporated regional, nonprofit organization that represents all the public postsecondary educational institutions in the U.S. territories. The council was created about 4 years ago, thanks to a start-up grant from the fund for the improvement of postsecondary education, of the U.S. Department of Education, in the hope of having now a mechanism that might begin to focus attention on the unique plight of the territories. We are pleased to report that the council has indeed begun to realize some of that hope.

Appearing here today are the members of the council's executive committee. On my far left is chairman of the board, Rev. Billy Kuartei, who is also chairman of the board of the College of Micronesia, a resident of Palau, where he is also principal of two private schools, and has been a long-time leader in education throughout Micronesia. On my right, treasurer of the council, Dr. Jose Cruz, president of the University of Guam. And on my immediate left is Agnes McPhetres, president of the Northern Marianas College.

I'm William Kinder, recently appointed executive director to work for the council. I was privileged for the past 5 years to have been involved as the outside catalyst in creating this organization. I have, in the process, gained a pretty thorough knowledge of the kind of problems in postsecondary education in the territories.

In fact, in my 20 years of educational planning and consulting I have not found a more compelling set of circumstances, and it's the reason why I've dedicated the next 2 years in my career to try and go about reduction of the problems.

We have prepared written testimony which has been delivered to your committee, and we'd like just to briefly recap the main concerns and recommendations. And I'd like to ask, of course, that each of our members have an opportunity to expound a bit on the facts concerning these areas of concern. The focus of our presentation is on the fact that the situation in the territories is, indeed, very unique from the situations in the States and that Federal programs extended to the territories as they are, often do not work as well as they should. Sometimes they do not work at all. We are seeking, and have been working for quite some time to seek treatment of the territories that takes into account their very different circumstances.

In fact, in 1980, in the reauthorization of the Higher Education Act, provisions were put in by the Congress calling for the treatment of the territories and has provided three parts: One authorized the Secretary of Education to modify programs in any way that might make them better suited to the needs of the territories. The second part, that called for a major study to be done of just what these unique needs are, and recommendations for solutions to the needs of postsecondary education in the territories. And, finally, there was authorized to be appropriated $2 million a year in student financial assistance to institutions on Guam for serving the islanders from throughout the region.

We're here today to say that this was a big help to us, we've worked hard to try to realize the intended benefits of that legislation, but we have concluded that it has not been very effective. The Secretary, for example, has been very reluctant to exercise the authority given to him in that provision of the Higher Education Act.

The study was done and it was an important study. It did document substantial concerns and needs the Secretary was to have incorporated in the report to the Congress with the Secretary's recommendations. There was a letter submitted in the summer of 1982 where the Secretary, while he did not recommend any legislative action did propose to take certain administrative actions to address the unique needs of the territories.

These that I've outlined would include his intention to give priority funding for various programs, to waive or modify program requirements and eligibility criteria when appropriate, to authorize increased funding limits, to establish programs of technical assistance and training, and to explore ways of using technology to deal with the diverse and far-scattered regions of the territories in postsecondary education.

In fact, however, in the past year and a half not many of the actions have been confirmed, and we've concluded that the study may now be forgotten, unless some further action is taken to keep focus on it, in fact, perhaps to require the Secretary to continue to collect the vital data concerning the postsecondary needs in the territories.

We would like to recommend your attention in helping us in five specific areas we believe are most vital. These are in the areas of territorial student assistance, institutional development assistance, and training and technical assistance, in capital improvement assistance, and in teacher training assistance. We've focused on these five areas because, while the list is quite long of the many types of specific problems these do represent the greatest obstacles to the delivery of postsecondary education in the territories.

I'd like to go back just briefly and comment on the effect of the existing situation in these areas.

In the case of student financial assistance, we're concerned in the territories because here is where the largest amount of Federal money comes to, for the postsecondary education in the States. However, the money for serving the needs in the territories probably amounts to $40 million, and most of it goes to take students away from the territories, to institutions in the States, while barely $1 million in this aid goes to institutions in the territories which do, in fact, serve at least half of the college population in the territories. We believe there is a need for Congress to seriously look at the impact that may have been intended by the Federal student financial aid program in the territories—in fact, to consider alternative approaches such as giving the territories a voice in the management of these financial aid funds, or alternatively to provide a separate financial aid package for territorial students that would allow the Government and the institutions to compete on more equal footing with the institutions that have access to large amounts of Federal aid.

In the case of developing institution assistance, this is title III of the Higher Education Act, our biggest concern here is that the Secretary has concluded that our institutions are not eligible to participate in this program due to mechanical criteria having to do with how much financial aid students in these institutions receive. Tuition is low by policy; so is Federal financial aid. These institutions, nevertheless, are clearly developing institutions by any other measure, and, we believe that they should not be penalized because they have not played the Federal game of raising tuition and drawing down large Federal financial aid dollars and then, of course, in turn being eligible for developing institutional assistance.

We worked hard 2 years ago in expectation of getting that kind of waiver. All six of our institutions developed major proposals. Four of them were returned without consideration because of the eligibility criterion. And two of our small campuses received small planning grants. The time will come, over the next several months, when we find out if we will continue to receive development assistance beyond planning.

In the area of training and technical assistance——

Senator INOUYE. May I interrupt?

Senator WEICKER. Go right ahead.

Senator INOUYE. What is the tuition that you speak of?

Mr. KINDER. It ranges at our institutions from as little as $5 a credit hour at American Samoa Community College and Guam Community College to about $30 a credit hour, to $400 or $500, to as high as $3,000 at the College of Micronesia per term.

Senator INOUYE. What is the median income in Micronesia?

Reverend KUARTEI. It's a little over $2,000, I think.

Senator INOUYE. Two thousand dollars.

Mr. KINDER. Two thousand dollars.

Senator INOUYE. And you're charging your students $3,000.

Mr. KINDER. That's $3,000 a term and half of that is Federal aid, because these students are eligible, and the other half—I'm speaking in general, the other half is provided by institutional aid. The operating budget, the total operating budget of the college is about $3 million and it operates on a margin of being a viable institution.

Senator INOUYE. What sort of salary scale do you have for your faculty?

Reverend KUARTEI. Your honor, we have a great problem in this area, where we bring outsiders in, and in most cases have to adhere pretty close to U.S. standards, and then there is a different scale for Micronesian hired or, otherwise, local instructors.

Senator INOUYE. So you have two schedules, one for local and one for outsiders?

Reverend KUARTEI. In order to attract people from the outside, it's simply to be able to get people at the level that you need them. You provide, otherwise, travel and housing and other benefits which you do not provide for locally hired instructors.

Senator INOUYE. And this is the scene in all the colleges, whether it's Guam or Saipan?

Mr. CRUZ. In other words, in regard to our University of Guam, our income of salary at the University of Guam seems to be approaching the national average and salaries for professors of higher education; however, we are finding that by the time we came to achieving that other institutions have changed their salary levels. So, therefore, we are continuously trying to catch up, and by the time we catch up other factors have been introduced. We are then playing what we call always trying to be responding to what's going on nationally, because our resources seem to be dwindling. For instance, the University of Guam is only funded 10 percent by the students' tuition, 90 percent is really funded by the whole conference. So, against that background you see the magnitude of the problem of our high school students interested in going on to higher education.

Mr. KINDER. I'd estimate that—and I must point out here that we seriously lack critical statistics such as these—however, the best estimate I can make across the board is that it's probably less than 25 percent of the traditional college age population that goes to college. The opportunities are really quite slim, when you look at the dropouts before getting to high school, so that the graduates from high school have already been screened pretty severely. And sometimes we do get as many as 40 to 50 percent of our high school class to go, but in the case of the Northern Marianas——

Mrs. MCPHETRES. In the case of the Northern Marianas, we have less than 20 percent of the students going beyond high school, and as the institution is quite new, most of the students will leave the island to go to pursue their postsecondary education, mainly at the University of Guam, or Hawaii or on the west coast. To us this leaves the Northern Marianas with the level of education there—I will say the majority of the population would be high school graduates. For this reason the establishment of the college was necessary for the community college, which was established by law earlier last year. The college was there primarily earlier to train teachers, but last year we have expanded so that we could be able to train local people and be able to retain and train more than 20 percent.

Senator INOUYE. I gather that the College of the Northern Marianas and the one in Micronesia are 2-year institutions?

Mrs. MCPHETRES. That's correct, Northern Marianas and Micronesia are 2 year and Guam is 4 years.

Mr. KINDER. There are two institutions on Guam, the 4-year institution is the University and the 2-year institution is the Guam Community College.

Senator INOUYE. And your graduates are graduated with the AA certificates to go on to Guam or Hawaii?

Mrs. MCPHETRES. That's correct, your honor. We have worked very closely with the institutions around us so that we could have students from what we call an individualized degree program, so that all the credits earned in our institution could be able to transfer and continue for a 4-year program at the University of Guam.

Senator INOUYE. Thank you very much.

Mr. KINDER. In the area of training and technical assistance—even before my time, but certainly during the time I've been there—we've worked intensively to get a response from Federal agencies to provide training and technical assistance, and we're talking about those kinds of programs that are, indeed, offered throughout the States. Our institutions are developing, and they are doing so mainly without prior experience and without access to the kind of resources that are available, both privately and publicly in the States.

We are recommending that some very substantial action needs to be taken here, mainly to finally give the institutions in the territories a capability to develop their self-sufficient capacity without relying, year after year, on decisions from the outside as to what training, what technical assistance is needed, what will be provided.

We are asking that the Department of Education establish a special pool, funds, and technical expertise directed specifically to serving the needs of the territories. This would help us get around the problem they always face of having budget cuts, and the programs to the territories are the first to go.

For example, last fall we got a week-long workshop out of the Department of Education on student financial assistance. It took 10 years to get it, and I don't know when we'll get any more. Of course, the thing that we have urged in our presentation to you is the concept of developing a capability within the region, a center for training and technical assistance where we can aggragate some expertise from outside, where we can bring together some of our expertise that is scattered throughout the region, where we can buy from the outside the kind of technical assistance we need.

I would just briefly mention the fact that in the capital improvement area we're in a different era in the territories than in the States where enrollment is stable or declining now in the States, but it's expanding in the territories. Where there was Federal assistance for facilities programs, during the 1960's in the States, there is not much today and yet today the territories need facilities money for new buildings, renovating old buildings, and for equipment.

I think we have no specific recommendation as to how that kind of funding can be provided, but we believe that somewhere the Federal Government needs to look at the situation in the territories and provide that kind of specific assistance. The operating budgets in the territories are already severely pressed.

None of the institutions have endowments, and they have little in the way of private fundraising programs since there are virtually no sources of private contributions that are accessible to them. There are programs authorized but unfunded. We certainly are not urging national policy to fund programs across the States, but there might be a reason for an exception in the case of the territories.

Finally, in the case of territorial teacher training assistance, for the past 5 years through the territorial teacher training assistance program specific funding has been provided to deal with the problem of untrained treachers, and the short supply of teachers in the territories. The authorization of this program expires after this final year of appropriations, which the Congress has provided another $1 million for the next school year. We are asking that this program be reauthorized for another 5 years at least, and continue funding at the appropriate level. The authorization level of $1 million a year has slipped to half that level in actual appropriations.

We are also asking that the language in this act be strengthened to assure that the programs also serve to strengthen the capacity of institutions in the territories to continue to deliver better teacher training programs after this kind of Federal assistance has expired.

Senator INOUYE. How many teachers have been trained under this program?

Mrs. MCPHETRES. Let me give a very typical example. In the case of the Northern Marianas, for example, we have a total number of about 300 teachers, and over 80 percent of the treachers do not even have an AA degree, so it's about high school level. After 1980, after we have been getting this money, we were able to raise the percentage of teachers who have acquired AA degrees to at least 25 percent, and BA to 6 percent. I'm talking about local teachers here. And then in 1983 we raised the level to 56 percent who have presently an AA degree and 29 percent with a BA degree. That's why we urge that this kind of program continue.

And I think it's the same with the Micronesian Islands. In the trust territory, they have close to 2,000 teachers and there are almost the same level of Northern Marianas teachers. Thank you.

Mr. CRUZ. Senator Inouye, let me elaborate some on just the problem that we have experienced in Guam. In Guam over 90 percent of our teachers have their bachelor's degree, but by the time we catch up with the bachelor's degree, education being the dynamic that it is, we are finding actually that with the level of training that our teachers have now, we have to go back and retrain them to meet the dynamic needs, and to compete with national standards. So we're really finding that again we're always playing catchup, and the Federal assistance has been very, very, very beneficial, but we find that our postsecondary needs are relegated as there are other pressing needs that place us on the far end of the line of recipients of funds for progression and for additional development.

Senator INOUYE. Your view is that without the Federal assistance each training program will come to an end?

Mr. KINDER. Especially the inservice teacher training; our colleges do have teacher training programs that will continue. These are primarily teacher training programs; that is, to train new teachers, but these are teachers already in school teaching with less than adequate training and certainly lacking certification. It will not be possible to continue to help those teachers without that kind of funding.

Senator INOUYE. And the amount you're requesting is what?

Mr. KINDER. The earlier bill provided $2 million a year. We, in fact, are receiving this year about half that, a little less than half that, which is really not adequate to deal with the numbers. The authorization level of $2 million a year, I think, is about what's required.

Senator INOUYE. Thank you.

Mr. KINDER. Are there any other comments to be added? Billy?

Reverend KUARTEI. Mr. Chairman, two things I would simply draw to the attention of the committee. In our search for capability in delivering the services, all of our institutions, for example, the College of Micronesia and the community college in American Samoa have been declared land grant colleges, but the Northern Marianas, at this time, has yet to be declared so. And we are receiving the minimum benefits in that legislation because the endowments under title III have yet to be appropriated, and we are facing such problems in simply getting to the legislative process that at this time I would urge the committee to look at the endowments, and also starter schools in the Northern Marianas.

In the area of student financial assistance and higher education, Micronesia is in a very, very peculiar situation. The three entries, the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau are presently negotiating with the United States to achieve different political relationships with this country, and in the compacts that are now set forth the whole student financial aid packet will terminate after 4 years after the ratification of these compacts, and students in all of these areas will then be declared ineligible to participate in these programs.

And so what is now, in terms of our estimate, about 15 million dollars' worth of financial aid to our students, that will be reduced to a $3 million in scholarship funds in the compact. And this will have a very, very serious impact in these countries where they are placed in this relationship, and we will be treated as foreigners; it will not be open to us at that point.

Senator INOUYE. Why did your negotiators insist on having scholarships included in your compact?

Reverend KUARTEI. This is the problem we're having now, in simply putting these programs in the negotiation. As you know, they are very complex and perhaps it is easier for both sides to simply look at the agreement politically, without really understanding the ramifications that it will have on our students once they are ratified.

Senator INOUYE. I think you should see your negotiators to insist that your concerns are addressed. I'll do what I can.

Reverend KUARTEI. Thank you.

Senator INOUYE. The first step should be taken with your representatives at these negotiating sessions.

Mrs. MCPHETRES. May I add a little on the need for facilities.

In 1976 the Congress authorized $8 million to construct buildings for the College of Micronesia, but no funds have yet been provided or been appropriated. If the termination occurs, the college will continue to have the same old buildings. The capacity of that is about 200 or less, and the enrollment increases yearly.

The same thing happens to the University of Guam. For example, since the buildings were built there has never been any funding to improve the facilities.

And then, going to the Northern Marianas, being the newest institution, it does not even have an infrastructure, so the college is what we could call an open door college, which is whatever facility is available. Probably, if the hospital moves to a new site, the college may be able to acquire that facility. However, that present facility may also need some assistance to renovate it so that it will be conducive to a postsecondary need.

And I am grateful to Senator Inouye for being able to give us this opportunity, because the territories do not have any voice whatsoever, and through your office we were able to get a lot of assistance to the territories, to meet our great needs. And I'm also very grateful to Chairman Weicker, that you are in Honolulu, so that we don't have to travel to Washington to make our voice heard. I feel that is the only opportunity to be able to face you and tell you what our problems are in the territories. And I thank you for this opportunity.

Senator INOUYE. For the record, at the present time the compact between the Northern Marianas and the United States has been concluded. It's subject to approval by the United Nations.

Mrs. MCPHETRES. I think subject to approval by U.S. Congress first, and then sent to the United Nations.

Senator INOUYE. But the compact with the other nations is still in the process of negotiation.

Reverend KUARTEI. That is correct, and they are still in the first round, and after they're concluded with the administration they will then go to the Congress.

Senator INOUYE. Maybe my chairman and I should be assisting you people in negotiating. I think you're getting a bum deal.

Mr. CRUZ. Senator Inouye, Chairman Weicker, my colleagues here in Hawaii and our friends really thank you for the opportunity of coming here. You don't know, really, the depth of our gratitude.

In regard to Guam I speak now really, not only as the president of the university, but a colleague to set forth the three things that I'm going to be presenting to you.

The first is a longstanding basic opportunity grant—BOG—liability that we have been hesitant to present to Congress because we've really been trying to get this liability through administrative remedy. We are finding that our administrative remedy has really been exhausted, if not ignored and we've just been told there's just nothing that can be done about the $1.6 million liability of a wrong formula being applied to student financial aid out in our regions. I preface this by sharing with you that that $1.6 million was not given out to the students in any form of fraud or abuse, and it really heightens our lack of training and technical assistance.

We have a history that showed that we have been repeating the request for technical assistance. The BOG at that time even had what they called an alternative solution; we were just, in a sense, delegated to administer those. The Department of Education, or at that time the U.S. Office of Education continued to just accept our report, yet never faulted us for that liability.

On our own internal audit we found that we were really misapplying it, so the error was found by us. Technical assistance finally woke up and they sent somebody to say, "Well, you really are making a problem, therefore, come around and pay us the $1.6 million."

We feel that the liability should be resolved or should be absorbed in the interest of the people who actually receive the benefits. Our institutions in Guam provided about 95 percent of those benefits to our Micronesian friends. The leadership in Micronesia can demonstrate a high percentage of University of Guam graduates.

So, we feel that that should be addressed very directly. And we're coming to you, based on the support of my colleagues, because we have been thinking of this. Guam has been kind of hesitant in getting support, but they have now agreed that the $1.6 million liability really should be resolved, and we're coming to Congress to have that resolved.

There is a section in 104C on the treatment of territories, that the University of Guam and any postsecondary institution of Guam is to include even, I believe, the proprietary schools, that have provided programs for Micronesian students. It was at that time the decision of Congress, and they recognized the assistance that we provided in Guam, and our statistics show that close to $1 million of our funds and all of our Federal school financial assistance goes for Micronesian brethren.

We're finding other pressure being applied to me, as president of our institution, because we hardly have any of our local residents being recipients of the BOG grants that are applicable to Guam.

The $2 million authorization, I think, will just be a drop in the bucket of the amount of support that the local government has been giving. I called to your attention that the University of Guam provides resident tuition to all of the students.

In addition to the resident tuition we have about 13 percent of our budget going to what we call developmental projects. We're proud of our developmental projects, but we feel that the funds that you were providing have mainly been addressed to the local coffers.

Finally, the regularization programs that you're pushing, I think they're fine but we do need that assistance. For instance, the experience of trying to address our educational needs. We need a forum to actually be able to address these. I don't think you should be able to be going to individual people. We can, if we're given the opportunity, keep coming to you and specifically give you some specifications and even a comprehensive overview of our needs, at least in postsecondary education.

Thank you again, for coming to Hawaii and making it possible to hear our needs.

Senator WEICKER. Thank you all very much.

I might add, in regard to those comments that in a meeting with Governor Ariyoshi yesterday afternoon I had the opportunity to inform Governor Bordallo and Lieutenant Governor Tenorio, as chairman of the Senate subcommittee charged with the responsibility of oversight of all the U.S. territories and dependencies, I've decided on the following course of action. No. 1, I and my staff will meet with the governors or their representatives on the occasion of their yearly meeting in Washington, D.C. In addition, I will meet with the Pacific Basin Advisory Council on the occasion of their annual meeting, wherever that is held. As I understand, that's in Guam for the year 1984, and will be rotating among the various entities over the course of time.

I came to this conclusion because for the past year I've tried to figure out how I could meet with all of you on your own home turf. In other words, for me to do that, it would take about 21 days, and there's not the time to do it. And I couldn't agree with you more that these meetings are necessary. So I feel that by this mechanism at least twice a year, in Washington and once in the Pacific, we'll be able to assume that kind of a dialog which might be of help to all of you.

This was resolved yesterday. It was something that I think is an important first step toward having the opportunity, at least twice a year, to directly involve ourselves in your concerns.

Thank you very much, and your statement will be placed in the record at this point.

[The statement follows:]

STATEMENT OF WILLIAM A. KINDER

This opportunity to appear before you here in the Pacific basin is itself a most unique privilege. We are deeply grateful to you for providing us this chance to present some of our most serious and long-standing concerns.

The Pacific Postsecondary Education Council is an incorporated regional nonprofit organization representing all the public postsecondary educational institutions of the U.S. territories in the Pacific. The Council was created four years ago, thanks to a start-up grant by the Fund for the Improvement of Postsecondary Education (U.S. Department of Education), in the hope of establishing a mechanism which might begin to adequately focus attention on the unique plight of the territories and help bring about solutions to the problems. We are pleased to report that the Council has indeed begun to realize some of that hope.

Appearing here today are members of the Council's Executive Committee:

Chairman: Rev. Billy G. Kuartei, Rector of the Board of Regents of the College of Micronesia. Rev. Kuartei is a resident of Palau where he is also principal of two private high schools. Rev. Kuartei has been chairman of the Council since its inception and he has been a leader in education throughout Micronesia for many years.

Treasurer: Dr. Jose Q. Cruz, President of the University of Guam. Previously fulfilling administrative and faculty responsibilities within the University's College of Business and Public Administration, Dr. Cruz was named to the position of University President several months ago.

Secretary: Agnes McPhetres, President of the Northern Marianas College. Mrs. McPhetres also was only recently appointed President of the College after serving several years as Associate Superintendent and Acting Superintendent of Education in the Northern Marianas Islands. Before that she worked for the Trust

Territory Department of Education on the planning, development, and administration of education in Micronesia.

I am William Kinder, recently appointed Executive Director of the Council. For the past five years, I worked as the outside catalyst to help create the Council. In the process I received a thorough and intense education about the territories.

In 20 years of working and consulting on solving critical problems in higher education, I have not found such compelling and challenging problems as those of the territories. It is for this reason that I decided to dedicate this time in my career to help resolve those problems.

We ask that this written testimony be accepted for the record, expecting that, orally, we might just summarize the key points. We would welcome the opportunity to respond to your questions.

The Council exists to bring attention and action to bear on the major problems of territories — typically problems they have in common. The Council deals with matters of postsecondary education and a wide range of matters related to postsecondary education. The Council seeks to develop and use postsecondary educational resources to meet the economic and social development needs of the territories.

The postsecondary education problems and needs of the territories are extensive and complex. We have a long, long list of concerns which we have identified and tackled in recent years. Knowing that we could not possibly cover all of these concerns at this opportunity, we have selected just a few of the most important concerns and proposed actions that we would like to bring to your attention. It is my own opinion, as a well-informed outsider primarily, that these are the priority concerns.

Treatment of Territories

The circumstances and needs of the territories are very different from those of the states. Yet typically federal programs designed to serve national needs and priorities are extended more or less automatically to the territories without much thought as to how well or how adequately they meet the needs of the territories. The territories benefit but often the benefit is not adequate when their needs are greater than in the states. The territories have great difficulty making federal programs fit their needs. They often lose access to the intended benefits of federal programs. Sometimes federal programs do more harm than good, (e.g., Federal Student Financial Aid).

In 1980, the Congress enacted provisions in the Higher Education Act to make federal programs more responsive to the unique needs of the territories (Section 204. Treatment of the Territories and Territorial Student Assistance).

The Council has worked intensively since then to obtain the intended benefits of those provisions. The results however have been disappointing. Little if any real gain has been made toward solving the problems in providing for the postsecondary education needs of the territories.

Stronger and more explicit legislation is needed to even begin to solve the problems.

Program Modifications

Section 1204a authorized the Secretary to modify any programs in the Higher Education Act as necessary to meet the unique needs of the territories. The Secretary has been unwilling to make more than very limited use of this authority. Requests for modifications of critical importance to the territories have been steadfastly denied. This provision should be renewed and strengthened to require the Secretary to approve modifications of programs as appropriate to meet the unique needs of the territories, and should be extended to other programs administered by the Secretary that are not part of the Higher Education Act.

Study of Needs

Section 1204b required the Secretary to make a study of the unique educational needs of the territories and to report to Congress on the results including recommendations on the most appropriate form of federal postsecondary education assistance to the territories. The study was done by an external contractor and it did indeed document the serious problems and extensive unmet needs of the territories. As important as this study was to the territories, it has not resulted in much substantive action and it has begun to be forgotten.

The study explored major legislative and administrative actions that would be appropriate to meet the unique needs of the territories. The Secretary's report to Congress however (letter of July 14, 1982) contrasted sharply by making only a few modest recommendations. The Secretary recommended against the need for any further legislative changes and proposed to dispense with the issue by exercising certain administrative authority. Specifically, the Secretary proposed to:

1. give funding priority to acceptable applications submitted by territorial institutions,
2. waive or modify program requirements and eligibility criteria when unique factors distort the territories' ability to participate in federal programs,
3. authorize increased funding limits as necessary to meet extraordinary costs of operating programs in the territories,
4. establish a program of improved and expanded technical assistance to territorial institutions including arrangements for Department-wide coordination, improved and faster communciations, increased funds for technical assistance travel, and identified territorial specialists in each program area, and

5. explore the use of new technologies to improve communications and, possibly, the delivery and administration of postsecondary education in the territories.

Even these proposed actions were received with great encouragement, but very few of these actions were actually taken and now appear unlikely to be taken. For some critical programs, the Secretary's position on these actions has actually reversed and requests to implement the very actions proposed by the Secretary have been disapproved.

In short, the study has been wasted. The problems continue as unresolved as before and the unmet needs continue unattended. What was apparently intended by Congress to resolve the unique problems of the territories has not been realized. New and explicit legislation is urgently needed to directly deal with the unique territorial needs and problems. A number of specific recommendations are proposed.

In addition, we ask that the study, appended hereto, be accepted for the record and reviewed by appropriate committees of the Congress. We also ask that the Secretary be required to continue the study of unique needs and problems of the territories and to collect and provide essential data to the territories on a regular basis. Even the extensive study done did not produce such essential data as how many territorial students are attending college, how many are denied the opportunity, how much federal student financial aid is provided, how much in total is spent on postsecondary education and who pays, what are the future projections of demand or need for postsecondary education, and how many students fail to make good use of their federally-funded educational opportunities. All these are highly critical questions for policy makers regarding postsecondary education for the territories.

Territorial Student Assistance

Section 1204c authorized the appropriation of $2 million annually to support the cost of providing postsecondary education on Guam for residents from the other territories. No appropriations have been made. The problem continues unresolved and is expected to get worse.

Several hundred students throughout the region are attracted to postsecondary institutions on Guam by the greater diversity and higher levels of study available and their closer proximity than other offerings in Hawaii or the mainland. Guam's institutions are committed to serving this mission. Students from the other territories pay the same low tuition as Guam residents. Most of the cost is subsidized by Guam taxpayers. Moreover, virtually all federal student financial aid available to Guam institutions goes to students from the other islands leaving little or none for residents of Guam.

A major change is needed for the provision of federal funds for financial aid to territorial postsecondary education students. In addition to the problem noted above, the existing federal student financial aid programs create as many disadvantages as advantages for the territories. With the availability of these funds, thousands of students are drawn away from the territories to attend college at institutions throughout the United States.

Since student financial aid is the greatest source of federal funds for postsecondary education, the lion's share of federal funds for territorial postsecondary education (probably no less than $40 million annually) goes to institutions outside the territories. Territorial institutions, due to low tuition and federal neglect, receive barely $1 million annually in federal student financial aid. They also lose most of the better prepared students and end up enrolling a high proportion of the territories' academically deficient and financially disadvantaged students. We estimate that some 6,000 to 8,000 territorial students are attending college outside the territories while roughly 7,000 students are enrolled at territorial institutions.

The flow of territorial students to college abroad has led to other disastrous results as well. Most territorial students are not adequately prepared academically or socially, nor are they properly motivated, to succeed when they go away to college. The great majority do not complete their studies. Many drop out, fail, get into trouble, or use the trip to pursue other interests. Some return with worthless preparation for serving the needs of the territories. The best and brightest students often do not return.

This is not to negate the value of the few who do succeed and return to productive and leadership roles in the territories. But the results hardly warrant the huge amounts of federal dollars invested in the effort. Perhaps only $1 million or $2 million of the $40 million annually is well spent. The rest is mostly wasted, while the territorial institutions, which are inherently better able to do a large part of the job, are left without adequate federal assistance.

We urge the Congress to reconsider the effect on the territories of the student financial aid provisions in Title IV of the Higher Education Act and consider major alternative approaches. One approach would be to provide those funds to territorial governments, giving them a direct management role to assure proper and productive use of the money. Foreign governments, for example, pay to send their people to college in the United States but they also control and manage their investments to help assure the achievement of their goals, objectives, and intended results.

By having a direct involvement in the major financing of postsecondary education, the territories could assure that students are adequately prepared before they go away to college, that they make satisfactory progress as long as they are receiving financial assistance to attend college outside the territories, and that they return to the territories upon completing their studies. Currently, no one controls or even monitors these factors. Territorial institutions could also be assured adequate funds and qualified students for programs they are better able to provide, including preparation in basic academic skills and orientation needed by students before they go away to college.

Only Congress can make this change, since the U.S. Department of Education has maintained solid opposition to interfering with what it perceives as individual entitlements guaranteed by law which Congress specifically intended to extend to individuals in the U.S. territories.

If this is also the firm position of the Congress, then a major alternative form of federal assistance is needed to enable the territories to develop their own postsecondary educational resources and institutions on a comparable basis with competing institutions in the states. One approach would be to establish an entirely separate territorial student financial aid program. This would require substantial new funds probably in the range of $10 million to $15 million annually. (The total operating budgets of all the territorial institutions combined is roughly $25 million annually at present.) Such a program however would likely result in savings of a comparable magnitude in federal spending on territorial students who go to college outside the territories.

Developing Institution Assistance

One of the most important forms of direct federal assistance to postsecondary educational institutions is the Institutional Aid Program in Title III of the Higher Education Act. The Secretary has denied participation in the program by territorial institutions based on eligibility criteria that ignore their unique circumstances. By maintaining low tuition to assure access to postsecondary educational opportunity for territorial students, territorial institutions are doubly penalized — first in receiving only minimal amounts of federal student financial aid and then in being denied eligibility on that grounds to receive grants under Title III. By any other measure, the institutions in the territories are clearly "developing institutions" and have as great a need for financial assistance as most any institution in the country.

In 1982 and early 1983, all six of our institutions were encouraged to develop and submit comprehensive proposals and applications for grants under Title III as the result of two important events: 1) the Congress passed a $10 million supplemental appropriation targeted specifically for Institutional Aid grants to minority institutions including those serving Pacific Islanders, and 2) the Secretary had proposed to waive inappropriate eligibility criteria for territorial institutions. Small grants amounting to only $75,000 in total were made to two of our institutions (both campuses of the College of Micronesia). Applications from the other four institutions (in Guam, American Samoa, and the Northern Marianas) were returned without consideration. Requests for waivers of eligibility criteria were disupproved. The territories had spent substantial energy and money in this effort to obtain federal assistance which merely ended in great frustration and a waste of severely limited resources.

We have continued since then to press for reconsideration by the Department of Education to resolve this problem, but without success. We ask the Congress therefore to consider specific legislation that recognizes the unique needs of the territories for federal assistance in developing their postsecondary educational institutions. We believe that an effective approach would be to establish a set-aside of a specified amount or percentage of the funds authorized or appropriated for Title III, to be used for assisting territorial institutions in their development needs and plans. Other criteria would be waived and some additional program modifications for the unique circumstances of the territories should be authorized.

Training and Technical Assistance

The extremely remote and fledgling postsecondary institutions of the territories are effectively isolated and cut off from the rich and extensive diversity of expertise and assistance resources that exist in the states. The institutions struggle and flounder in their efforts to develop themselves, without experience or access to expertise, training, or technical assistance resources beyond an extremely limited amount.

For years, training and technical assistance has been sought from federal agencies that, in fact, provide such services to institutions in the states but seldom to those in the territories. Such visits to the territories are rare, too short, and by individuals or teams who are few in number and poorly informed about the territories.

Because of their isolation from the diverse private resources in the states and because of their unique territorial status, the territorial institutions justly deserve a far greater amount of federal assistance but, in fact, they receive far less assistance than mainland institutions. The extraordinarily high cost and perceptions of tropical vacations make trips to the territories the first ones subject to budget cuts.

It is virtually certain that ad hoc efforts in the future, no matter how strenuous, will not succeed in significantly increasing the amount of training and technical assistance received from federal agencies. We need Congress to assure adequate provisions to meet the training and technical assistance needs of the territorial postsecondary institutions. We propose two approaches:

1. A training and technical assistance fund should be authorized and funded specifically to establish a small team of experts within the U.S. Department of Education that would provide the wide variety of assistance needed and cover the full array of programs administered by the Department.

2. In addition, a separate pool of funds to be administered within the territories by a regional organization such as this Council should be authorized and funded to enable territorial institutions to directly buy training and technical assistance that is not available or inappropriate to obtain from federal agencies. Depending on the amount of funds provided, such a regional organization could aggregate enough technical expertise, in conjunction with the resources of the postsecondary institutions, to extend training and technical assistance to other territorial agencies and entities to help them work on the critical long-unresolved problems of the territories.

This latter approach, formalized as a Pacific Center for Training and Development, has long been discussed as an ideal solution for enabling the territories to directly tackle on their own some of the most critical needs and problems that have never been adequately attended to by the federal government. A draft paper more fully describing this propsoal is attached.

Capital Improvement Assistance

During the 1960s, large amounts of federal funds were poured into postsecondary educational facilities in response to great increases in demand for college education in the United States. Since then enrollment growth slowed and threatened to decline, and federal policy shifted to virtually eliminating support for new construction or renovation of college facilities.

At the time, territorial institutions were just beginning to emerge in response to a new but as yet small demand for college education. Today, the growth in educational demand in the territories is comparable to that of the 1960s in the United States, but the territories have no access to federal funds for facilities because that is no longer a priority in the United States. Indeed, a strong resistance to any suggestion of funds for facilities or other capital expenses is firmly entrenched.

Territorial institutions are urgently in need of new buildings and more equipment so that they can stop turning away so many of the students applying to get in. The existing buildings on most campuses, due to severely limited funds even for programs, are in desperate need of repairs and regular maintenance; needed renovations are postponed indefinitely. Requests for exceptions to meet these needs in budgets for various federally-funded programs are consistently disapproved.

Congressional appropriations specifically to meet the territories' unique needs for postsecondary educational facilities construction, renovation, maintenance, and repair, and equipment acquisition are requested.

In 1976, Congress authorized $8 million to construct buildings for the College of Micronesia, but no funds have ever been appropriated. The College occupies the same campus today as it did then — woefully inadequate and packed to the walls with barely 200 students. And, of course, the demand has grown dramatically over these years.

The situation on our other campuses is hardly less serious. The collection of buildings at the University of Guam may be adequate in number but the deterioration has seriously eroded the appearance and function of the institution. Guam Community College inherited a collection of old buildings which serve its current enrollment but cannot accommodate additional students, while plans for a new campus have laid dormant for several years. The Northern Marianas College is searching for any available buildings on island which might serve as classrooms, a library, and other essential college facilities. Micronesian Occupational College dormitories are virtually unhabitable, even by island standards, and fresh water supplies last only two hours a day. Only the American Samoa Community College campus looks reasonably good but only if one does not make comparisons with colleges in the states.

It should also be mentioned that the institutions have no endowments and litle or no fund-raising programs inasmuch as they have little access to sources of private contributions. Endowments of $3 million each have been expected by two of our institutions following their authorization as Land Grant Colleges by the Congress in 1980, but the funds have never been appropriated. Since virtually all other U.S. Land Grant Colleges and Universities were awarded the federal grants of land or endowment provided by the law, what must we conclude about federal treatment of the territories? Such an inequity, if it is not rectified, sharply reinforces the feeling that, while the territories need more federal assistance, they receive less.

Territorial Teacher Training Assistance

One of the few outstanding examples of a federal program established specifically to serve unique educational needs of the territories is the Territorial Teacher Training Assistance Program (TTTAP). It was established by Congress in 1978 in recognition of the territories' serious lack of adequately prepared teachers in the face of growing demands and rising expectations for better education in our elementary and secondary schools.

The TTTAP was authorized for five years at $2 million a year to be spread among all U.S. insular areas, potentially $10 million over the period to deal with the problem. Actual appropriations were less ($6.6 million) but were in fact made each of five years, the latest in the amount of $1 million for FY 1984. Thereafter the authorization expires.

The loss of this program now would be a serious blow to the territories. Significant progress has been made with the funds from this program but the problem is far from solved. There is still a large shortage of teachers, especially indigenous teachers, and a continuing recruitment of expatriate teachers. Many teachers in the classrooms still lack college degrees and other essential training. Many cannot and do not teach in English even when the policy is to teach in English. Certification standards are not enforced since a great many teachers could not satisfy the requirements.

Several of our colleges operate teacher training programs, but these are predominately pre-service programs, that is, they prepare young people to become new teachers. The colleges are inadequately prepared to provide all the in-service training needed by the existing workforce in the schools. Although Congress enacted the program to "assist the teacher training programs" in the territories, the funds were typically used to bring in outside institutions as a result of inappropriate regulatory requirements issued by the U.S. Department of Education. The teacher training programs in the territories which are conducted primarily by the territorial colleges were not much assisted.

We ask that Congress reauthorize this program for another five-year period and assure appropriations of not less than $2 million a year. The authorization language should be strengthened and clarified to assure that the funds also serve to strengthen the in-service teacher training programs of the territories' postsecondary institutions so that the territories might have a continuing capacity to meets its teacher training needs when this federal assistance expires.

We also ask that Congress fund and direct a study to be made of the teacher training needs of the territories to provide clear documentation of the need and of the accomplishments achieved by this federally-assisted program.

Finally, we urge Congress to consider this program as a model of federal assistance provided specifically to meet the unique needs of the territories. It is a far superior approach than attempting to force a fit with federal programs designed to meet the needs in the states. We would most enthusiastically welcome additional examples of this approach.

Exhibits

1. Postsecondary Education in the U.S. Territories.
2. Secretary Bell's letter of recommendations to Congress, dated July 14, 1982.
3. Recommendations on Postsecondary Education in the Territories by the Pacific Postsecondary Education Council.
4. Proposed Pacific Center for Training and Development.

STATEMENT OF HON. RICARDO J. BORDALLO, GOVERNOR OF GUAM

Senator WEICKER. We'll take a 1 minute stretch while we seek the new witnesses, and they will be Governor Bordallo of Guam; Lieutenant Governor Tenorio of the Northern Mariana Islands, Mayor Alvin Jacklick of Kwajalein, and as I indicated before, Governor Coleman is ill and in the hospital and Mere Betham, director of education, will have a brief statement to make on behalf of the Governor. So, if those witnesses would be good enough to be seated at this time while the rest of us just stand up and have a stretch, we'll continue the hearing in a minute's time.

[A brief recess was taken.]

Senator WEICKER. The subcommittee will come to order.

Governor Bordallo, nice to have you here, and why don't you proceed.

Governor BORDALLO. Chairman Weicker, Senator Inouye, members and staff of the Appropriations Subcommittee on Labor, Health and Human Services, and Education, on behalf of all the people of Guam I would like to express a warm hapadi [phonetic] and sidisijusmaasi [phonetic] for giving us the opportunity to testify on the unique health and education needs facing our island territory.

I would like to state our special appreciation to you, Chairman Weicker, for your introduction and support of a $2 million appropriation for this fiscal year to address the immediate accreditation problems of the Guam Memorial Hospital. Although the appropriation did not survive the conference committee, the people of Guam are aware of your effort and join me in thanking you for your continued concern and support.

We on Guam have always felt a special closeness to Senator Inouye, who has generously acted as our surrogate Senator for the last 20 years. There's not enough time to list the many policies and projects that the Senator has zealously supported over the years on behalf of the people of Guam. However, I would like to express our thanks for his recent intervention in protecting funding to the National Institutes of Health for its research into the case and possible cures for amyotrophic lateral sclerosis and Parkinson's disease. These are devastating nerve diseases which strike our people in unusually high proportions.

Although Senator Matsunaga is not a member of this subcommittee, I would like also to take this opportunity to acknowledge the support he has given to us in the Congress. The people of Guam join me in extending our best wishes to Sparky and our hopes for his speedy recovery.

Formalities aside, let me get down to the business at hand. As you can see from the written testimony and documentation submitted to the committee, Guam's health and education needs are numerous, serious, and above all costly. The combined total of the appropriations request and the continuing program needs exceed $100 million.

The people of Guam are a proud people. Prior to World War II we could boast a self-sustaining economy. During the war Guam not only supported occupation forces but exported foods to the occupying mother country. Neither my people nor I cherish the thought of annual appeals to the Congress for funding. Although the testimony we submit today solicits your indulgence and support of various appropriation requests, we look forward to the day when we can meet our needs through the growth of our own economic development.

I recently returned from 2 weeks in Washington where I registered Guam's strong objection to the Treasury Department's unilateral decision to scare investors away from a unique bond issue that would have brought $91 million in equity capital to the territory. This money could have funded every capital improvement project listed in the submitted testimony.

On December 20, 1983, our sister territory of Puerto Rico subscribed to a similar issue of $450 million, which Treasury took no action to stop. Yet, barely half an hour after Puerto Rico sealed its deal the Treasury issued a press announcement stating its intention to ask the Congress to change the date of such issue contained in legislation now before the House of Representatives from December 31, 1983, to December 21, 1983.

The Treasury's arbitrary action, taken without either consulting or advising our government had the grossly unfair effect of killing Guam's issue while allowing Puerto Rico's to go through.

In December 1982 Treasury issued regulations to prevent Guam from exercising its statutory authority under section 88B Internal Revenue Code. Use of this section of the code would have allowed much needed foreign capital to enter the U.S. economy. Section 881B was added to the Internal Revenue Code in 1972 under the sponsorship of Senator Inouye, to remove a major disincentive to Guam's investment from mainland sources, yet Treasury arbitrarily acted to prevent Guam from using its statutory authority. At the same time that Treasury blocked Guam's planned initiative in this area it took no action to cancel the same privilege granted to the foreign government of the Netherlands Antilles.

In another area the Senate will soon be considering H.R. 3810, the Foreign Corporation Act of 1983, which was introduced by the request of the administration by Representative Rostenkowski. This bill would replace domestic sales corporations with foreign sales corporations to conform to the general agreement on tariffs and trade. And this bill has removed the incentives for these companies to locate in the U.S. territories while allowing their location in foreign countries.

We urge the Congress to begin a close examination of the needs of the American Pacific territories. We are gratified that the subcommittee has taken time to come to our region to receive testimony on the health and education concerns of the territories of the Pacific. We hope that the information you receive today will provide additional impetus to a broad-based Pacific Basin initiative.

We on Guam were encouraged by the recent invitation to the House Committee on Interior and Insular Affairs to draft legislation to address the current problems in the Federal Territorial Relations Act and our people's desire for political development. That process is currently underway, and we are confident the bill will resolve some of the major obstacles to Guam's development posed by conflicts in certain Federal laws when they are made applicable to Gaum. We urge your careful consideration and support for that bill when it reaches the Congress.

However, until such time as Guam is allowed to resume developing its economy in ways appropriate to our unique location, population, and culture, we will have no alternative but to continue to come before this subcommittee and the other appropriations committees of the House and Senate to respectfully request the Congress' assistance in meeting the verifiable needs of the territory.

I hope that after reviewing the documentation that we have submitted today you will permit favorable consideration of the request contained in Guam's testimony.

Again, Mr. Chairman, I would like to thank the committee for coming to the Pacific to hear our concerns. If the committee has any questions on any component of our testimony, please feel free to address yourselves to the members of my cabinet who are here. We have several agencies represented and they will be here for your disposal.

Again, thank you very much and sijumaasi [phonetic] from all the people of Guam.

Senator WEICKER. Thank you very much, and all of the territorial representatives' statements will be placed in the record at the appropriate places.

[The statement follows:]

STATEMENT OF RICARDO J. BORDALLO

INTRODUCTION

ON BEHALF OF THE PEOPLE OF GUAM, I WISH TO THANK THE SUBCOMMITTEE FOR THIS OPPORTUNITY TO PRESENT GUAM'S HEALTH AND EDUCATIONAL CONCERNS BEFORE THE UNITED STATES SENATE.

INSTEAD OF BEING CAUGHT IN THE BACKWATERS OF OUR FEDERAL SYSTEM, WE ON GUAM, UNKNOWINGLY, HAVE BEEN PARTICIPATING FOR DECADES IN THE NEW FEDERALISM ESPOUSED BY PRESIDENT REAGAN. THIS NEW FEDERALISM IS CHARACTERIZED BY THE SHIFTING OF THE RESPONSIBILITIES FOR SOCIAL WELFARE PROGRAMS FROM THE FEDERAL GOVERNMENT TO THE STATES. HOWEVER, MANY OF THE TERRITORIES DO NOT POSSESS AN ECONOMIC BASE CAPABLE OF SUPPORTING THE COSTS OF THESE PROGRAMS. NOWHERE IS THIS MORE EVIDENT THAN IN GUAM'S HEALTH AND EDUCATIONAL SYSTEMS. THE NET RESULT OF THIS NEW FEDERALISM IS TO HINDER THE DEVELOPMENT OF A WIDE RANGE OF HEALTH AND EDUCATIONAL PROGRAMS ON GUAM AS EVIDENCED BY OUR TRUNCATED HEALTH AND EDUCATIONAL SYSTEMS.

HEALTH CONCERNS

A. ENVIRONMENTAL QUALITY MANAGEMENT

THE LEVEL OF GOOD HEALTH IN A COMMUNITY IS DIRECTLY RELATED TO THE PROPER MANAGEMENT OF THE ENVIRONMENT. IN GUAM, PARTICULARLY THE SOUTHERN VILLAGES, THERE IS STILL A PROPORTIONATELY HIGH INCIDENCE OF SUCH INFECTIOUS AND COMMUNICABLE DISEASES AS HEPATITIS, DYSENTERY, SALMONELLA AND SHIGELLOSIS. THESE DISEASES COULD BE PREVENTED TO A LARGE DEGREE BY AN UP-TO-DATE WASTEWATER AND SEWAGE TREATMENT SYSTEM.

WE HAVE IDENTIFIED $45 MILLION IN CAPITAL PROJECTS NECESSARY FOR THE ISLAND-WIDE WASTEWATER AND SEWAGE TREATMENT SYSTEM. COMPLETION OF THIS SYSTEM, HOWEVER, IS DEPENDENT UPON THE AVAILABILITY OF FEDERAL FUNDS FOR THE VARIOUS CONSTRUCTION PROJECTS. SOME $43 MILLION WORTH OF PROJECTS QUALIFY FOR U.S. ENVIRONMENTAL PROTECTION AGENCY FUNDING. HOWEVER, ONLY $6.4 MILLION IN SEWER CONSTRUCTION GRANTS HAVE BEEN SLATED TO FUND GUAM'S NEEDS.

IN ADDITION TO THIS PAUCITY OF FUNDS, GUAM IS FURTHER HAMPERED BY THE U.S. EPA REQUIREMENTS TO UPGRADE EXISTING TREATMENT PLANTS TO COMPLY WITH THEIR DISCHARGE STANDARDS. IT WOULD COST GUAM $17.7 MILLION TO COMPLY WITH STANDARDS WHICH WERE CLEARLY DESIGNED FOR THE ENVIRONMENT OF THE CONTINENTAL UNITED STATES. AS GUAM'S UNIQUE GEOGRAPHIC LOCATION ALLOWS US TO DISCHARGE DIRECTLY INTO THE OCEAN WITHOUT AFFECTING OTHER COMMUNITITIES, THESE U.S. EPA STANDARDS SHOULD BE WAIVED.

FEDERAL ASSISTANCE IS NEEDED:

1. TO ENSURE THAT FEDERAL SEWER CONSTRUCTION GRANTS WILL CONTINUE TO BE AVAILABLE TO GUAM TO ALLOW US TO COMPLETE THE DEVELOPMENT OF AN ISLANDWIDE WASTEWATER TREATMENT SYSTEM;

2. TO REDUCE THE OVERALL COST OF DEVELOPING GUAM'S WASTEWATER TREATMENT FACILITIES BY GRANTING THE ISLAND AN EXEMPTION FROM THE DISCHARGE STANDARDS.

THESE TWO ACTIONS WOULD DO MUCH TO IMPROVE THE BASIC ENVIRONMENTAL QUALITY STANDARDS OF GUAM WHICH WOULD ENSURE AN ADEQUATE LEVEL OF HEALTH FOR THE INHABITANTS OF OUR ISLAND.

B. HEALTH FACILITIES

NOT ALL HOSPITAL SERVICES WERE TRANSFERRED TO THE NEWER FACILITY WHEN THE MEDICAL CENTER OF THE MARIANAS WAS ACQUIRED IN 1978 WITH FUNDS APPROPRIATED BY THE U.S. CONGRESS. THE SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, THE HEMODIALYSIS UNIT AND THE COMMUNITY MENTAL HEALTH CENTER REMAINED IN THE OLD HOSPITAL PLANT. MAINTAINING TWO SEPARATE PLANTS HAS NOT ONLY RESULTED IN HIGHER OPERATING

COSTS BUT HAS ALSO LED TO THE LOSS OF GUAM MEMORIAL HOSPITAL'S ACCREDITATION BECAUSE OF THE STRUCTURAL DEFICIENCIES OF THE OLD HOSPITAL PLANT.

IT IS CLEAR THAT WE CANNOT CONTINUE TO USE THE OLD HOSPITAL PLANT TO HOUSE PATIENT CARE SERVICES WITHOUT MAKING SOME COSTLY RENOVATIONS TO ENSURE THEIR SAFETY. EVEN THEN, WE WOULD STILL HAVE TWO SEPARATE PLANTS, THE OLDER OF WHICH IS HIGHLY INEFFICIENT IN DESIGN. RATHER THAN RENOVATE THE OLD HOSPITAL FOR PATIENT CARE USE, WE WOULD PREFER TO ESTABLISH A NEW FACILITY FOR THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE; BUILD A SEPARATE FACILITY FOR THE INTERMEDIATE CARE UNIT WHICH COULD SERVE AS A FOCUS FOR A RANGE OF COMMUNITY-BASED LONG-TERM CARE SERVICES, AND; TRANSFER THE HEMODIALYSIS AND SKILLED NURSING UNITS TO THE NEWER FACILITY.

IN ADDITION TO THE MODIFICATIONS REQUIRED BECAUSE OF THE TRANSFER OF THE PATIENT CARE SERVICES HOUSED IN THE OLD HOSPITAL PLANT, THE NEWER HOSPITAL FACILITY ALSO MUST BE MODIFIED TO IMPROVE THE HOSPITAL'S PATIENT CARE CAPABILITIES. A FOOD PREPARATION FACILITY FOR PATIENTS IS LACKING IN THE NEW HOSPITAL NOW OCCUPIED. AT THE PRESENT TIME, MEALS FOR THE PATIENTS ARE PREPARED BY AN INDEPENDENT CONTRACTOR MAKING IT DIFFICULT TO MEET THE SPECIAL DIET REQUIREMENTS OF CERTAIN PATIENTS. THERE IS ALSO NO LAUNDRY FACILITY IN THE NEW HOSPITAL AND LAUNDRY SERVICE IS PROVIDED BY AN INDEPENDENT CONTRACTOR.

IDENTIFYING THE NECESSARY FUNDS TO FINANCE THE CONSTRUCTION AND RENOVATION OF OUR HEALTH FACILITIES HAS BEEN A DIFFICULT TASK. THE TREASURY DEPARTMENT HAS HALTED OUR ATTEMPTS TO SELL ARBITRAGE BONDS, THE PROCEEDS OF WHICH COULD HAVE BEEN USED TO FINANCE THESE PROJECTS. GIVEN THE HOSPITAL'S AILING FINANCIAL CONDITION AS WELL AS THE TERRITORIAL GOVERNMENT'S DEFICIT STATUS IT IS NOT FEASIBLE TO FINANCE THESE PROJECTS THROUGH THE ISSUANCE OF INDUSTRIAL OR GENERAL OBLIGATION BONDS.

We ask that the $10 million authorized by Congress in 1977 for hospital improvements be appropriated as expeditiously as possible. We also ask that additional funds be authorized and appropriated to finance the construction of mental health and long-term care facilities.

C. Alternatives to Institutional Long-Term Care

The frail elderly, the mentally retarded, and those afflicted with Amyotropic Lateral Sclerosis (ALS) and Parkinson Dementia (PD) are the segments of our population most in need of long-term care.

However, these groups are faced with a limited range of options. For those fortunate enough to have families with resilient financial and psychological resources, the extended family unit provides for most of their long-term care needs. The less fortunate ones end up in either the Intermediate Care Facility or the Community Mental Health Center in-patient facility.

These two facilities are often fully occupied. At one point over half of the 36 beds in the Intermediate Care Facility (ICF) and over one fifth of the 17 beds in the in-patient psychiatric unit were occupied by patients who were considered social admissions.

Services provided by these facilities are funded completely by the local government as the island's health insurers and Medicaid do not include these services in their coverage. In 1982, the total cost per patient per day to operate the ICF was $75, and $140 per patient per day for the in-patient psychiatric unit.

Funding for alternatives to institutional long-term care in other communities include the Supplemental Security Income (SSI) program and the Title XX-Social Services block grant. Unfortunately, SSI is not

AVAILABLE TO GUAM'S U.S. CITIZENS AND THE TITLE XX MONIES ARE NOT SUFFICIENT TO FUND THE WIDE RANGE OF OUR COMMUNITY'S NEEDS. (SSI IS AVAILABLE TO CITIZENS OF THE COMMONWEALTH OF THE NORTHERN MARIANAS ISLANDS).

WE ENDORSE THE NATIONAL GOVERNORS' ASSOCIATION'S PROPOSED BLOCK GRANT FOR THE LONG-TERM CARE PORTION OF THE MEDICAID PROGRAM THAT WOULD SUPPORT THE ESTABLISHMENT OF ALTERNATIVE COMMUNITY-BASED SERVICES. ALTHOUGH GUAM'S MEDICAID PROGRAM DOES NOT PRESENTLY INCLUDE LONG-TERM CARE IN ITS LIST OF BENEFITS, WE HOPE THIS WILL NOT PREVENT US FROM PARTICIPATING IN THE PROPOSED BLOCK GRANT.

D. MEDICAID

OUR MEDICAID PROGRAM OPERATES UNDER CERTAIN STATUTORY CONSTRAINTS WHICH ARE UNIQUE TO THE TERRITORIES. THERE IS A STATUTORILY IMPOSED CEILING OF $1.4 MILLION ON THE FEDERAL SHARE OF THE PROGRAM WHILE MEDICAID PROGRAMS IN THE FIFTY STATES HAVE NO CEILING ON THE AMOUNT OF FEDERAL PARTICIPATION. ANOTHER UNIQUE FEATURE OF THE GUAM MEDICAID PROGRAM IS THE STATUTORILY IMPOSED 50:50 MATCHING FUNDING RATIO. THE MATCHING FUNDING RATIOS FOR STATE MEDICAID PROGRAMS ARE BASED ON THE STATE PER CAPITA INCOME AND CAN RANGE FROM 50% TO 83% SHARE OF THE FEDERAL OF THE PROGRAM.

WE HAVE BEEN FORCED TO STAY WITHIN THE $2.8 MILLION CEILING BY: (1) LIMITING THE SCOPE OF COVERAGE; (2) USING ELIGIBILITY STANDARDS WHICH HAVE NOT BEEN UPDATED IN OVER FIFTEEN YEARS, AND; (3) PAYING PHYSICIANS LESS THAN THEIR USUAL, CUSTOMARY, AND REASONABLE CHARGES. LONG-TERM CARE AND A RANGE OF PREVENTIVE SERVICES ARE EXCLUDED FROM COVERAGE.

OFF-ISLAND MEDICAL REFERRALS HAVE BEEN SUSPENDED FOR SEVERAL YEARS. NEARLY 90% OF OUR MEDICAID RECIPIENTS ARE CATAGORICALLY NEEDY. IN SHORT, WE HAVE RESPONDED TO THESE CONSTRAINTS IN THE SAME MANNER THAT SOME STATES ARE CONSIDERING RESPONDING TO THE REAGAN ADMINISTRATION'S PROPOSED 5% CAP ON THE FEDERAL SHARE OF ANNUAL COST INCREASES FOR THE FIFTY STATE MEDICAID PROGRAMS.

IN 1981, THE AVERAGE NATIONAL EXPENDITURE PER MEDICAID RECIPIENT WAS $950. GUAM'S AVERAGE EXPENDITURE PER RECIPIENT FOR THE SAME YEAR WAS $371 OR 61% LESS THAN THE NATIONAL AVERAGE. STATE EXPENDITURES FOR THE SAME PERIOD RANGED FROM A HIGH OF $1,633 PER RECIPIENT IN NEW YORK TO A LOW OF $682 PER RECIPIENT IN NEW MEXICO.

WE ASK THAT THESE RESTRICTIONS ON OUR MEDICAID PROGRAM BE MODIFIED. FIRST, WE ASK THAT THE MATCHING RATIO BE AMENDED TO A 60% FEDERAL; 40% TERRITORIAL RATIO. SECOND, WE ASK THAT THE FEDERAL CEILING BE ESTABLISHED AT 60% OF THE LOWEST STATE EXPENDITURE PER MEDICAID RECIPIENT MULTIPLIED BY THE NUMBER OF RECIPIENTS IN GUAM'S MEDICAID PROGRAM.

E. MEDICAL INDIGENCY

OUR TERRITORIAL GOVERNMENT IS COMMITTED TO THE PRINCIPLE OF PROVIDING QUALITY HEALTH CARE TO ALL OUR CITIZENS BASED ON NEED AND NOT SOLELY ON THE ABILITY TO PAY FOR SUCH CARE. IT IS EASY TO MAKE SUCH STATEMENTS WHEN ONE HAS SUFFICIENT RESOURCES. TODAY, HOWEVER, OUR FINANCIAL RESOURCES ARE PAINFULLY SCARCE AND WE MUST ENSURE THAT OUR PROGRAMS ARE COST-EFFICIENT, EVEN IN THE HEALTH FIELD.

OVER THE PRECEDING THREE DECADES, A HODGEPODGE OF "FREE HEALTH CARE SERVICES" HAVE BEEN ESTABLISHED THROUGH LEGISLATION FOR THE BENEFIT OF THE INDIGENT POPULATION. THESE PROGRAMS ARE TYPICALLY FOR SPECIFIC DISEASES OR CONDITIONS SUCH AS TUBERCULOSIS, AMYOTROPHIC LATERAL SCLEROSIS, PARKINSON'S DISEASE AND MENTAL DISORDERS OR FOR SPECIFIC SERVICES SUCH AS INPATIENT CARE, KIDNEY DIALYSIS, DENTAL HEALTH SERVICES, OR HOSPITAL SERVICES. THE LATTER WAS ENACTED IN RESPONSE TO THE RESTRICTED RANGE OF MEDICAID BENEFITS.

WE ARE UNABLE TO PROVIDE A COMPREHENSIVE RANGE OF HEALTH CARE SERVICES FOR OUR MEDICALLY INDIGENT POPULATION BECAUSE OF INADEQUATE FUNDING SUPPORT. THE LIMITED DESIGN AND SCOPE OF THESE PROGRAMS MEAN THAT THE TOTAL HEALTH CARE NEEDS OF THOSE PARTICIPATING IN THEM ARE NOT MET. THERE IS NO EFFECTIVE COORDINATING MECHANISM TO INSURE THAT SERVICES ARE OFFERED TO THOSE IN NEED IN A UNIFIED AND ORDERLY MANNER. IN SHORT, THERE IS NO CONTINUITY RESULTING IN UTTER CONFUSION FOR THE PATIENT.

THIS YEAR WE ARE WORKING TO DEVELOP A UNIFORM AND COMPREHENSIVE INDIGENT HEALTH CARE PROGRAM. THE HOSPITAL ABATEMENT PROGRAM HAS BEEN TRANSFERRED RECENTLY FROM GUAM MEMORIAL HOSPITAL TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES.

TO INTEGRATE THE VARIOUS FREE HEALTH CARE PROGRAMS FOR THE INDIGENT IS NOT A SIMPLE TASK. CLEAR ELIGIBILITY STANDARDS MUST BE ESTABLISHED. THE SCOPE OF SERVICES TO BE MADE AVAILABLE TO THE CLIENTELE MUST BE DELINEATED. A MANAGABLE SYSTEM FOR THE DELIVERY OF HEALTH CARE SERVICES MUST BE ESTABLISHED.

WE ARE ASKING THE FEDERAL GOVERNMENT FOR TECHNICAL ASSISTANCE IN THIS ENDEAVOR. ESPECIALLY SINCE IT WOULD BE APPROPRIATE AND LESS CONFUSING IF WE COULD INTEGRATE THE MEDICAID AND MEDICALLY INDIGENT PROGRAMS.

F. AMYOTROPHIC LATERAL SCLEROSIS AND PARKINSON DISEASE RESEARCH

SEVERAL MONTHS AGO WE LEARNED THAT THE NATONAL INSTITUTE OF HEALTH'S RESEARCH CENTER ON GUAM WHICH IS ENGAGED IN THE INVESTIGATION OF ALS AND PD WOULD BE PHASED OUT. BECAUSE OF THE HIGH INCIDENCE

OF THESE DISEASES ON GUAM WE ARE VERY CONCERNED WITH THIS PHASE-OUT. AT THIS TIME WE STILL DO NOT KNOW THE CAUSES OF THESE DISEASES NOR HAS AN EFFECTIVE PREVENTION AND TREATMENT PROGRAM BEEN ESTABLISHED.

WE ASK THAT THE FEDERAL GOVERNMENT CONTINUE ITS RESEARCH OF THESE DISEASES UNTIL SUCH TIME WE CAN BE REASONABLY SURE THAT THE DISEASE IS CONTROLLED. NOTHING CAN BE MORE GRIEVOUS TO THE HEART THAN TO KNOW THAT AN ACTIVE MIND IS IMPRISONED IN A BODY WHICH CANNOT MOVE OR SPEAK AS ALL VOLUNTARY MUSCLE CONTROL IS LOST. WE RESPECTFULLY THANK SENATOR DANIEL INOUYE FOR HIS EFFORTS AND RESPONSE TO OUR PLEA TO SAVE THIS RESEARCH PROGRAM. WE EXHORT CONGRESS TO CONTINUE THIS RESEARCH EFFORT.

G. MANPOWER

GUAM'S GEOGRAPHIC LOCATION IS BOTH STRATEGIC AND ISOLATED. SUCH IS THE CASE FOR HEALTH MANPOWER DEVELOPMENT AND CONTINUING EDUCATION PROGRAMS. OUR CURRENT MANPOWER DEVELOPMENT PROGRAMS CONSIST OF THE UNIVERSITY OF GUAM'S SCHOOL OF NURSING AND THE COMMUNITY COLLEGE'S EMERGENCY MEDICAL TECHNICIAN PROGRAM. IT IS NOT UNCOMMON TO FIND STUDENTS FROM THE OTHER ISLANDS ENROLLED IN THE UNIVERSITY'S NURSING PROGRAM.

HOWEVER, WHEN WE EXAMINE OUR CONTINUING EDUCATION NEEDS IT IS APPARENT THAT WE ARE ISOLATED FROM THE USUAL SOURCES OF CONTINUING EDUCATION FOR ALL BUT THE NURSING MANPOWER. PHYSICIANS, LABORATORY AND EQUIPMENT TECHNICIANS, OTHER ALLIED HEALTH PROFESSIONS AND HEALTH SERVICES ADMINISTRATORS DO NOT HAVE READY ACCESS TO CONTINUING EDUCATION PROGRAMS.

LAST YEAR, THE NATIONAL HEALTH SERVICE CORPS SPONSORED A CONTINUING EDUCATION SEMINAR ON GUAM FOR ITS

PHYSICIAN PERSONNEL WHO WERE ASSIGNED TO GUAM AND THE OTHER ISLANDS. WE ENCOURAGE THE CORPS TO CONTINUE THIS ACTIVITY IN THE FUTURE.

WE ALSO ENCOURAGE THE FEDERAL GOVERNMENT, AS PART OF ITS PACIFIC HEALTH INITIATIVE, TO SERIOUSLY EXAMINE THE MANPOWER DEVELOPMENT AND CONTINUING EDUCATION NEEDS OF THE PACIFIC ISLAND TERRITORIES. A GREATER FEDERAL PRESENCE IS NEEDED IF THE INDIVIDUAL ISLANDS ARE TO RESOLVE THEIR CONTINUING EDUCATION NEEDS.

H. PACIFIC HEALTH INITIATIVE

IT IS ALL TOO EASY TO OVERLOOK THE SOCIO-ECONOMIC NEEDS OF THE PACIFIC TERRITORIES DURING THE CONTINUING DEBATE OVER NEW FEDERALISM. THUS, WE WELCOME AND SUPPORT THE REVIEW OF FEDERAL HEALTH PROGRAMS IN THE PACIFIC TERRITORIES. IT IS HOPED THAT THIS STUDY, AND STUDIES OF OTHER FEDERAL GRANT-IN-AID AND REGULATORY PROGRAMS, WILL LEAD TO THE DEVELOPMENT OF A "NEW FEDERALISM" POLICY COGNIZANT OF THE SOCIO-ECONOMIC NEEDS OF THE PACIFIC TERRITORIES.

EDUCATIONAL CONCERNS

A. FACILITIES

CONSTRUCTION OF NEW FACILITIES AS WELL AS THE EXPANSION, RENOVATION AND REPAIR OF EXISTING FACILITIES ARE THE MAIN COMPONENTS OF THE DEPARTMEN OF EDUCATION'S SHORT AND LONG TERM CAPITAL IMPROVEMENT PROJECTS.

OF PRIMARY CONCERN IS GUAM'S NEED FOR A SOUTHERN HIGH SCHOOL. CURRENTLY, THERE ARE TWO SMALL HIGH SCHOOLS SERVING OUR SOUTHERN STUDENTS. ONE OF THE SCHOOLS IS A CONVERTED JUNIOR HIGH; THE OTHER IS A JUNIOR HIGH THAT WAS DESTROYED IN A 1976 TYPHOON AND SUBSEQUENTLY REBUILT. THE SMALL ENROLLMENT AT EACH SCHOOL MAKES IT

DIFFICULT TO SUPPORT THE OFFERING OF A COMPLETE CURRICULUM, PARTICULARLY IN THE HIGHER LEVEL COURSES. BY COMBINING THE STUDENT POPULATION INTO A NEW LARGE FACILITY, A FULL RANGE OF COURSE OFFERINGS AND STUDENT ACTIVITIES COULD BE SUPPORTED. THE TWO SMALLER BUILDINGS COULD REVERT TO MIDDLE SCHOOLS WHICH ARE SORELY NEEDED IN EACH AREA.

DEPARTMENT OF EDUCATION IS COMPLETING APPLICATION FOR FEDERAL ASSISTANCE UNDER PUBLIC LAW 81-815 TO CONSTRUCT A SOUTHERN HIGH SCHOOL ON A 30 ACRE SITE AT THE APRA HARBOR COMPLEX LEASED FROM THE DEPARTMENT OF THE NAVY.

THE CONSTRUCTION OF THE SOUTHERN HIGH SCHOOL WOULD GREATLY BENEFIT OUR MILITARY FAMILIES AS WELL AS OUR LOCAL RESIDENTS. THE AREA TO BE SERVED BY THIS NEW HIGH SCHOOL INCORPORATES SEVERAL LARGE NAVAL INSTALLATIONS.

BECAUSE OF THE HIGH POPULATION DENSITY IN THE NORTHERN END OF THE ISLAND, INCLUDING ANDERSEN AIR FORCE BASE AND SEVERAL NAVAL INSTALLATIONS, A NEW ELEMENTARY SCHOOL IS CRITICALLY NEEDED TO ALLEVIATE HIGH ENROLLMENT STRESS ON THE EXISTING ELEMENTARY FACILITIES.

IN ADDITION, THE RAPID DETERIORATION OF ONE EXISTING MIDDLE SCHOOL FACILITY NECESSITATES THE CONSTRUCTION OF A NEW SCHOOL PLANT IN ORDER TO ENSURE THE SAFETY AND HEALTH OF STUDENTS AND STAFF, AS WELL AS TO PROVIDE AN ENVIRONMENT THAT IS EDUCATIONALLY CONDUCIVE.

MAJOR SCHOOL IMPROVEMENTS INCLUDE THE REPAIR OF FIVE ELEMENTARY SCHOOLS, ONE MIDDLE SCHOOL AND 3 HIGH SCHOOLS. PROBLEMS INCLUDE STRUCTURAL, ELECTRICAL, MECHANICAL AND PLUMBING DEFICIENCIES WHICH HAVE BEEN CAUSED BY EARTHQUAKES, TYPHOON, TERMITES, AND AGE.

RENOVATIONS ARE REQUIRED IN ORDER TO SUPPORT CURRICULAR OFFERINGS AND INCLUDE UPGRADING GYMNASIUMS, IMPROVEMENT OF ATHLETIC FIELDS, EXPANSION OF LIBRARY FACILITIES, SCIENCE LABS, HOME ECONOMICS, INDUSTRIAL ARTS, AND MUSIC ROOMS.

THE ASSITANCE OF THE SUB-COMMITTEE IN IDENTIFYING AND/OR PROVIDING FUNDING FOR THESE PROJECTS IS SOLICITED AND APPRECIATED.

REGARDING FUNDS FOR CONSTRUCTION AT INSTITUTIONS OF HIGHER EDUCATION, WE NOTE THAT TITLE VII OF THE HIGHER EDUCATION ACT WHICH INCLUDED CAPITAL IMPROVEMENT PROJECTS, HAS LAPSED. WE URGE THAT SIMILAR LEGISLATION OR FUNDING OF TITLE VII FOR TERRITORIES BE CONSIDERED.

B. GUAM COMMUNITY COLLEGE CAMPUS

THE GOVERNMENT OF GUAM IS PLANNING TO CONSTRUCT A NEW CAMPUS FOR THE GUAM COMMUNITY COLLEGE (GCC). WE HAD HOPED TO ACQUIRE LAND PARCEL 3N NAVCAMS WESTPAC, BARRIGADA, FOR THIS PURPOSE. THEREFORE, WE WOULD APPRECIATE THE NAVY'S RECONSIDERATION OF THE CURRENT PROPOSED USE OF THAT SITE FOR THE CONSTRUCTION OF A PREPOSITIONED HOSPITAL. RECONSIDERATION WOULD ALLOW GUAM TO PROCEED WITH THE DEVELOPMENT PLAN FOR A VITAL FACILITY THAT WILL ENSURE A TRAINED AND SKILLED WORKFORCE FOR THE TERRITORY.

C. IMPACT AID

OF ALL PUBLIC SCHOOL CHILDREN ON GUAM, ONE-THIRD OF 8,220 STUDENTS ARE EITHER MILITARY DEPENDENTS OR HAVE PARENTS WHO ARE EMPLOYED BY THE FEDERAL GOVERNMENT. THIS NUMBER REPRESENTS 31.2% OF THE TOTAL 26,321 ENROLLMENT IN PUBLIC ELEMENTARY, MIDDLE AND HIGH SCHOOL.

Impact Aid does not provide funds for the construction or reparation of schools unless a significant increase in military and federal activities, and with this an increase in numbers of pupils in long-term enrollment, warrants the need for such construction or renovation. Guam has been educating the dependents of military or federal personnel in locally funded facilities since 1950. Several of these schools now need renovation or replacement, but the Government of Guam lacks the resources to do so.

D. Block Grants

The former Elementary and Secondary Education Act (ESEA) has been transformed into a block grant effective fiscal year 1983 (school year 1982-83). Section 563(a) of this Act states that:

> "The Secretary shall receive not to exceed one (1) percentum to Guam, American Samaoa, the Virgin Islands, the Trust Territory of the Pacific Islands, to be allotted in accordance with their respective needs."

Putting the set-aside at one (1) percentum would allow for more funding allocation for these areas rather than the current practice. Prior to the enactment of Public Law 97-35, Guam received $2,751,580.00 as compared to $2,543,990.00 when these programs were blocked under this Act.

It is also recommended that Subchapter D - Secretary's Discretionary Funds - be amended to the effect that a percentage set-aside from this allocation will be made to compete for these funds with outlying areas rather than for the outlying areas to compete on a national level. It has also been DOE's experience that federal money allocated to regional offices or for regional purposes (Pacific Region) usually result in unequal distribution of funds to the various Pacific Islands.

Just recently, rehabilitation funds earmarked for a research and training center in the Pacific region were awarded 100% to Hawaii which already has a Shriner's Hospital and several other rehabilitation facilities.

E. Title III Programs

We urge that the Department of Education waive the requirement for the Territories under Section 1204(b). One waiver which has been recommended regards the eligibility criteria for the Title III programs. Specifically, a waiver of the three quantitative criteria, (1) the number of PELL Grant recipients, (2) the total dollar value of PELL Grant funds disbursed to students, and (3) family income, for eligibility is authorized when it is demonstrated that there are unique factors which distort a territorial institution's ability to meet the criteria.

Guam receives an average of $340 per eligible pupil from Public Law 81-874 Impact Aid. The estimated education costs, including school bus operations, is $2,240 per student. The $340 in Impact Aid only constitutes 15.2% of what it actually costs the Government of Guam to educate a pupil on this island.

Clearly, the Impact Aid reimbursements fall short of compensating Government of Guam for the education of military and federal civilian dependents on island. There is a discrepancy of over $15 million when local costs per student are applied to these 8,220 dependents for which

The average amount of $340 is received per eligible pupil.

-8,220 x $2,240 = $18,412,800
-8,220 x $ 340 = 2,794,800
$15,618,000

From year to year we are concerned about the drastic attempts made at the national level to reduce or eliminate the funding for Category "B" children whose parents are active in the military. We respectfully request that funding will not only be continued, but also increased to a more equitable amount to lower the great discrepancy between local and federal shares.

F. Vocational Education

We are in support of H.R. 4164 which narrows federal purposes and allows the territories to place emphasis on modernizing the existing programs, developing new programs, and stressing areas of high technology. Technology and changing patterns in jobs force us to update our vocational technical programs to meet current workplace requirements. We suggest, therefore, that the 0.60 percentum allotment ratio for the territories be raised to 1.00 percentum to support the critical need of Guam and all the territories to educate and train a skilled workforce and to improve our economies. We feel vocational technical education plays a vital role in matching people to resources.

H.R. 4164 bulds on the foundation of the current system; it does not create a new governing structure for administrating programs of vocational-technical education. Rather, it follows the pattern established by territorial law--a sole board for vocational and technical education. Yet, it is different from the current law in

THAT IT IS DESIGNED FOR THE 80'S AND THE 90'S. THE FOCUS IN THE 60'S AND 70'S WAS ON "ACCESS" AND "EQUITY". IN THE 80'S AND 90'S WE NEED TO IMPROVE ON "ACCESS" AND "EQUITY" AS WE STRIVE FOR "EXCELLENCE" AND "PRODUCTIVITY". H.R. 4164 GIVES EQUAL EMPHASIS TO SPECIAL POPULATIONS AND ALSO CALLS FOR MORE PRIVATE SECTOR INVOLVEMENT.

FAVORABLE CONSIDERATION OF THE BASIC FRAMEWORK OF H.R. 4164 BY THE SENATE WILL ASSIST GUAM AND THE TERRITORIES WITH THE EDUCATION OF INDIVIDUALS WHO THEN POSSESS THE SKILLS THEY NEED FOR ECONOMIC FREEDOM, AND WHO ENHANCE THE PRODUCTIVITY OF THE TERRITORIAL ECONOMIES.

G. EDUCATION OF ALIENS

BECAUSE OF OUR INCREASING NUMBER 1-20 STUDENTS FROM KOREA, JAPAN, VIETNAM, PHILLIPPINES AND THE TRUST TERRITORIES, TESL (TEACHING ENGLISH AS A SECOND LANGUAGE) PROGRAMS AND TRAINING ARE ESSENTIAL TO THE ACQUISITION OF LANGUAGE SKILLS. FUNDING ASSISTANCE TO SUPPORT THIS PROGRAM IS CRITICAL, AND WE ASK THE SUB-COMMITTEE TO AID US IN THIS MATTER.

H. COMMUNICATION

GUAM'S ISOLATION FROM OTHER COMMUNITIES CAN BE GREATLY REDUCED BY AN ADEQUATE AND RAPID COMMUNICATION SYSTEM. THE EDUCATIONAL COMMUNITY IN PARTICULAR NEEDS TO PARTICIPATE IN A COMMUNICATION NETWORK THAT WOULD FACILITATE TAPPING INTO RESEARCH/TECHNOLOGY DATA BASES SUCH AS APPLY TO RESEARCH IN EDUCATION, CURRENT INDEX TO JOURNALS IN EDUCATION (CIJE), ERIC, DISSERTATION ABSTRACTS, ETC. SUCH A NETWORK WOULD ALSO HELP GUAM'S DEPARTMENT OF EDUCATION OBTAIN CURRENT FEDERAL INFORMATION, AND TELECOMMUNICATE WITH OTHER EDUCATIONAL AGENCIES.

Guam would benefit tremendously from a cooperative effort with another State department or an education laboratory such as Northwest Regional Laboratory or its recent affiliate, Pacific Region Educational Laboratory. Like the Alaska Telecommunications Project, a cooperative effort could assit DOE in planning and implementing various programs in computer and/or communication technology. While the Alaska project addressed isolation within the State, a project on Guam should address isolation of Guam and other Pacific entities from the mainland's technology as it applies to education. Unfortunately, such a project would not be possible for Guam without federal funds.

I. Pacific Region Educational Laboratories

The newly created Pacific Region Educational Laboratory (PREL), an affiliate of Northwest Regional Educational Laboratory, was established in Hawaii to provide educational assistance to the Pacific entities. The educational communitie of the Pacific Islands have long realized that they share many common problems and needs and that they are more like each other than they are like states of the continental United States. The primary mission of PREL is to impact on these common concerns and to bring about a sharing of resources and technical assistance. The future of PREL and educational growth in the Pacific stimulated through the assistance of this laboratory depend upon the attainment of Federal funds through the National Institute of Education.

(Clerk's note.—Additional material submitted by Governor Bordallo is contained in the subcommittee's files.)

Senator INOUYE. Governor Bordallo, I've been led to believe that your administration is in favor of changing the status of Guam from that of a territory to a commonwealth, is that correct?

Governor BORDALLO. Yes, sir, that's right.

Senator INOUYE. If Guam becomes a commonwealth in a nature similar to that of Puerto Rico, would your testimony today be the same or different in your request?

Governor BORDALLO. I don't know if I understand the substance of your question, Senator.

Senator INOUYE. What I'm trying to say is that, are you sufficiently convinced that if you change your status to commonwealth you would be able to deal with some of your physical problems in an easier manner than they are today?

Governor BORDALLO. In that context I would say yes, because I believe a lot of the main provisions that we would want to negotiate into our commonwealth would be those areas that would give us economic programs, certain provisions that are now constant to the Federal Government, so that as we develop our economy under the commonwealth it would perhaps reduce the degree of having to come to Congress for handouts.

Senator INOUYE. What's the trust status in Guam?

Governor BORDALLO. It's an unincorporated territory.

Senator INOUYE. The status of the study?

Governor BORDALLO. By Monday we will already have the proposed commonwealth act ready for review by the Guam leaders and for submission to Congress. And, of course, we'll be submitting a copy to the committee for your review in my visit to Washington in another couple of weeks.

Senator INOUYE. Thank you.

Senator WEICKER. Thank you, Governor.

All right, Governor Tenorio.

STATEMENT OF HON. PEDRO TENORIO, LIEUTENANT GOVERNOR, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Lieutenant Governor TENORIO. Mr. Chairman, Senator Inouye, and staff of the committee, thank you for your invitation to appear before your committee this afternoon. My name is Pedro Tenorio. I'm lieutenant governor of the Commonwealth of the Northern Marianas. On behalf of the people of the commonwealth and of Governor Pedro Tenorio we'd also like to extend our warm hafada [phonetic] to the chairman and Senator Inouye.

Before I go into the testimony, Mr. Chairman, I just want to clarify a little data that was previously made here with respect to political status, which was asked by Senator Inouye. The Northern Marianas had already got its compact ratified by the U.S. Congress and it's now awaiting action by the U.N. Trusteeship Council or whichever appropriate council. We are, in effect, politically bound with the United States of America now except for this provision. I just wanted the record to reflect this.

I will not read our entire testimony, Mr. Chairman. We do have the written testimony submitted to your committee in advance, and most of the problems there and the areas of need are enumerated in those submissions. I will only highlight some of the statements made in that detailed testimony.

You asked for discussion of the unique needs of Pacific islanders. In the final analysis, our goals as human beings are the same as those of other people. We want, for example, to improve our overall standard of living. And to do this we need better quality education, better access to higher education, improved health care, better access to specialty services, we need more skilled workers, and better training of our labor force. In other things, we're just like most other Americans. We really do not think it's our needs that are unusual, in themselves. Where we do believe we do differ from the rest of the United States is in our special circumstances. These are our location, our communication capability, our population, our educational level, our land area, economy, and labor, and political status.

It is this set of circumstances which makes our province so difficult and our level of need so great.

First of all, the Northern Marianas are in a remote location, more than twice as far from Hawaii as from Japan, almost two times as far from California as from Australia, and farther from Washington, D.C., then all other insular areas except Guam, our sister territory.

Because we live on an island and are surrounded by the vast Pacific Ocean we can only be reached by plane or ship. Our geographic location makes delivery of goods and services slow and extremely expensive. Because of our remoteness practically everything we need automatically costs more than it would be on the U.S. mainland.

For example, the purchasing power of the dollar on our island is reduced substantially by virtue of our location away from the U.S. mainland industrialized nations.

Our remoteness stops us from directly and conveniently communicating with the United States. For example, there's no time period during the day when your working hours in Washington mesh with ours on Saipan.When you go home from work at the end of the day our work day is just getting started. First class mail comes only three times a week and takes 5 to 10 days or even longer to get to us. Other mail comes in by ship, and takes 2 months or more.

Senator WEICKER. May I interrupt there? That's far better than the mail in the United States. I'm sorry, go ahead.

Lieutenant Governor TENORIO. you're talking about the Christmas holidays.

Our regular contact with the rest of the world is fragile, irregular, and expensive. Everything we need or want from the outside, including access to people and information costs more, takes longer and is more difficult than for other Americans.

We are also different from the rest of ~~the~~ United States in terms of demography. Our population is about the size of an isolated rural town in either northern Maine or South Dakota. And because of our small population we invariably receive less Federal grants if grants are based on per capita formulas. Services don't cost in direct proportion to the number of people served. Because there are not enough of us we have trouble with the requirement that, for example, advisory committees be established for each separate federally-funded program.

Our smallness also means that probably everybody knows everybody else on the island and somehow we are related to each other, as well. A good example of this is evident in our executive branch. The Governor is my first cousin, with his first name and last name just like mine, and the new Washington representative is our nephew. Our previous representative is our second cousin. Because of this we have developed a strong cultural tradition of accommodation and nonassertiveness. This, apparently, is an uncommon characteristic. For example, it's hard to take advice given to us to be persistent, demanding, and aggressive in our dealings with Federal officials, as we were recently told by a Federal official who came to Saipan. She told us the squeaky wheel gets the grease. It is not in our nature to complain and to continue to demand.

We're also different from most of the rest of the United States because more than half of our people are under the age of 15. We are still in the middle of the so-called baby boom that the rest of the United States went through in the years following World War II.

In terms of educational level, the literacy rate of our population is still far below U.S. mainland levels. Few of us can read or write in our own language, whether that's Chamoro or Carolinean, and few parents read or write English either. A high school education was not even available in the commonwealth until 1961, and up until 2 years ago a college degree had been possible only be traveling somewhere away from home.

Another thing is our land size. Our territory covers a tiny area of only about 148 square miles, consisting of 14 islands stretching over 1,000 miles north and south. Our land contains few if any natural resources. Those resources that we value the most, like our clear water and our sandy beaches or wildlife or sea turtles that used to make their nests on our shores are endangered most by our most viable industry, tourism. Our ocean waters do contain resources such as fish, but we don't have the space, physical or political means to exploit them. Our economy has been on the subsistence level for many, many years. Projects and activities in Government involve mainly white collar jobs, and a number of our people have become trained to work in them. We do not have a sufficient number of trained blue collar workers. Our workers have only limited trade skills and are undereducated. In fact, we have to import alien labor to meet our demands for trained workers in various trades and construction.

Politically our circumstances are also unique, because we are a separate political entity. We are expected to provide our people the same services generally provided in a small town in northern Maine by a combination of township, county, and State-supported programs. The size of our island and our population makes such a system impractical and unreasonable. And with a median income of about $4,100 our people cannot afford the taxes such an approach requires.

To sum it up it is the setting we find ourselves in that is unique, and not our needs as such.

We are a long way away from the U.S. mainland. Communications, personal interaction, and the exchange of goods and services are difficult and expensive. Besides being remote we're also an island community. This makes the situation even more difficult and costly. Today we are also small in land and population. We lack the natural resources and the number of people required, especially skilled people required to meet our needs in our isolated location.

We're developing, but we lack the required infrastructure in terms of adequate roads, power, and water, and communications to adequately support economic growth and industry. Our people lack the education, the skills, and models they need to operate successfully in the world of the 1980's.

The testimony which we submitted discusses our specific concerns more in detail, the Federal programs in the areas of health, education, and labor. But, let me just summarize some of the major ones.

In the area of education we would urge targeted funds that would allow us to do research on the way our children learn, in terms of our setting, customs, and tradition, so that we can develop a more effective educational program. With the majority of our population at or below school age, we continue to have a major need for school teachers. We have made significant progress in raising the educational level of our teachers. However, we will continue to need the territorial teacher training assistance program for some years to come.

We would urge, therefore, that this program be continued for the territories.

Our community college provides the only postsecondary education opportunity within the commonwealth. We applied for title III planning and development grants for help in developing our college programs in an orderly and effective manner, but were declared ineligible. We ask your help in making these much-needed funds available.

In addition, our postsecondary education program would be considerably strengthened through the approval of land grant status for our college. We qualify for this program and ask for your help in obtaining the required congressional approval.

Our primary concern in the health and human services area is in the provision of satisfactory health care for our people. The construction of a new and modern health care facility is underway in Saipan, and we hope that that will provide a necessary infrastructure, but we are badly in need of assistance in obtaining properly trained staff for the new facility. We ask your help in obtaining sufficient funds to meet this very vital need.

In the area of labor we need help in raising the skill level of our work force. The new Job Training Partnership Act is based on the assumption that there is a well-developed private sector with whom this upgrading of skills can be done in partnership with the Government. Our private sector is not that well-developed and does not offer an adequate base from which to do this. We do ask for a revival of a CETA-type program which essentially would meet our needs more efficiently.

I'd like to conclude by reading the list of specific suggestions on Federal programs and how they could be more effective in meeting island needs.

First, don't expect us to be able to meet all U.S. standards or criteria in the implementation of Federal programs. We are not ready to do that as yet. We're still developing and we're not ready to take on the defederalization of human services as the States are now doing.

No. 2, provide funding in terms of set-asides and take into consideration our higher costs. Formulas or project grants and research contracts don't generally work for us. We need targeted assistance plus built-in allowances for the higher costs of goods and services. because of our remoteness and isolation.

No. 3, provide assistance through people who are familiar with our situation and who understand our level of need. We don't benefit when we are judged and guided by people who don't realize that English is our second language, and who don't appreciate the difficulties of transportation and communication that we have to live with.

Give us more easily accessible assistance, such as through a Hawaii-based office. Our time window to Honolulu is a full 5 hours long each day. Direct contact with Washington is almost impossible, and even with California, the overlap of working hours is limited.

Consider our stage of development and allow those programs that meet our needs to continue, even if they're eliminated for the rest of the United States. Examples are the territorial teacher training assistance program, the Job Training Partnership Act, the Library Services and Construction Act, especially the title which authorized construction of new libraries.

No. 6, assist us in assessing the educational needs of Chamorro and Carolinean children. Kamehameha schools here received Federal funds to research the needs of native Hawaiian children, and we feel our children deserve the same potential benefits from such a study.

Let us benefit from the policies, programs, and services provided by the United States to foreign developing countries. A good example is the Overseas Private Investment Corporation.

Permit us to take advantage of our proximity to Asia in terms of trade, technical assistance, and U.S. Government facilities overseas.

Mr. Chairman, I've read to you a series of areas that we feel appropriate to mention in this particular hearing. Last, for the record I did discuss this with you yesterday, but I want to place it on the record.

We would like to bring up the issue of the Trust Territory of the Pacific Islands prior service benefits of the social security program. I would just submit a statement that I have, rather than prolong the testimony.

That ends my oral testimony, Mr. Chairman, and I do have with me Dr. Pepe Villagomez, who is the director of health and environmental services for our government, and also Mrs. Agnes McPhetres, our president of the College of the Northern Marianas, who is here to assist me in case there are questions that I can't answer.

Thank you very much.

Senator WEICKER. Thank you very much. Your statement will be placed in the record at this point, and your additional material will be kept in the subcommittee's files.

[The statement follows:]

STATEMENT OF LT. GOV. PEDRO A. TENORIO

Senator Weicker, Senator Inouye, [insert other names], thank you for the invitation to testify. I am Pedro A. Tenorio, Lieutenant Governor of the Commonwealth of the Northern Mariana Islands. It is an honor to appear before you and the members of your committee and to welcome you to the Pacific Islands area.

I will not read our entire testimony. You all have copies before you. I will present only the highlights from that statement.

You asked for a discussion of the unique needs of Pacific Islanders. In the final analysis, our goals as human beings are the same as those of other people. We want to improve our overall standard of living. To do this, we need better quality education; better access to higher education; improved health care, with better access to specialty services; more skilled workers and better training for our labor force. In all these things, we are just like most other Americans. We really don't think that it is our needs that are unusual, in themselves. Where we do differ form the rest of the United States is in our special circumstances. These are: location, communications, population, educational level, land area, economy and labor, and politicial status. It is this set of circumstances which makes our problems so difficult and our level of need so high.

First of all, the Northern Marianas are in a remote location, more than twice as far from Hawaii as from Japan, almost two times as far from California as from Australia, and farther from Washington, D.C. than any other member of the U.S. family. Because we live on islands, surrounded by water, we can only be reached by plane or ship. This makes delivery of goods and services slow and expensive.

Because of our remoteness, practically everything we want to do automatically costs more than it would on the Mainland. The same dollars buy less equipment and materials and pay for less travel by less people here than in America.

Our remoteness stops us from directly and conveniently communicating with America. There's no time period during the day when your working hours in Washington mesh with ours in Saipan. When you go home at the end of the day, our work day is just getting started. First class mail comes only three times a week and takes 5 or 10 days, or even more, to get to us. Other mail comes in by ship and takes two months or more.

Our regular contact with the rest of the world is thus fragile, irregular, disjointed and expensive. Everything we need or want from the outside, including access to people and information, costs more, takes longer, and is more difficult than for other Americans.

We are also different from the rest of the United States in terms of demography. Our population is about the size of an isolated rural town in Northern Maine or South Dakota.

Our small population means we suffer when federal grants are based on per capita formulas. Services don't cost in direct proportion to the number of people served. Because there are not enough of us, we have trouble with the requirements that advisory committees be established for each separate federally-funded program.

Our smallness also means that everybody knows everybody else on the islands and is related to almost everyone else as well. Because of this, we've developed a strong cultural tradition of accommodation and non-assertiveness. This apparently is an uncommon characteristic. For example, it's hard to take advice given to us to be persistent, demanding and aggressive in our dealings with federal officials, as we were recently told by a HUD official who came to Saipan. She told us, "the squeaky wheel gets the grease." It's not in our nature to act like that.

We're also different from most of the rest of the United States because more than half of our people are under 15 years of age. We're still in the middle of the "baby boom" that the rest of America went through in the years following World War II.

In terms of educational level, the literacy rate of our population is still far below U.S. mainland levels. Few of us can read or write in our own language, whether Chamorro or Carolinian, and few parents read or write English well either. A high school education was not even available in the Commonwealth until 1961, and, up until two years ago, a college degree had been possible only by travelling somewhere else for study.

Another thing is our land size. Our islands cover a tiny area of only 184 square miles. It contains few, if any, natural resources. Those resources we value the most, like our clear waters and our sandy beaches, and our wildlife, such as sea turtles that used to make their nests on our shores, are endangered most by our most viable industry, tourism. Our ocean waters do contain resources, but we don't have the physical or political means to exploit them.

In the area of economy and labor, our economy has been at a subsistence level for many, many years. Projects and activities in government involve mainly white-collar jobs, and a number of our people have become trained to work in them. We do not have a sufficient number of trained blue-collar workers, however. Our workers have only limited trade skills and are undereducated. In fact, we have to import alien labor to meet our demands for trained workers.

Politically, our circumstances are also unique. Because we're a separate political entity, we are expected to provide our people the same services generally provided to that small town in Northern Maine by a combination of township, county and state-supported programs. The size of our island and our population make such a system impractical and unreasonable. And with a median income of $4,146, our people can't afford the taxes such an approach requires.

To sum up, it is the setting we find ourselves in that is unique, and not our needs, as such.

We are a long way away from the United Staes Mainland. Communications, personal interaction, and the exchange of goods and services, are difficult and expensive.

Besides being remote, we're an island community. This makes the situation even more difficult and costly.

We're also small in land and population. We lack both the natural resources and the numbers of people required to meet our needs in our isolated location.

We're developing, but we lack the required infrastructure in terms of adequate roads, power and water, and communications, to support economic growth and industry. Our people lack the education, the skills, and the models they need to operate successfully in the world of the 1980's.

The written testimony discusses our specific concerns with federal programs in the areas of health, education and labor in some detail. Let me just summarize the major ones here.

In the area of Education, we would urge targetted funds that would allow us to do research on the way our children learn in terms of our setting, customs and tradition, so that we can develop a more effective educational program. Table 1 in our written statement shows a comparision of education achievement between our children and those on the Mainland.

With the majority of our population at or below school age, we continue to have a major need for school teachers. We have made significant progress in raising the educational level of our teachers as Table 3 in our written testimony shows. However, we will continue to need the Territorial Teacher Training Assistance Program for some years to come. We would urge, therefore, that this program be continued for the territories.

Our community college provides the only post secondary educational opportunity within the CNMI. We applied for a Title III planning and development grant for help in developing our college programs in an orderly and effective manner but were declared ineligible. We ask your help in receiving these much needed funds.

In addition, our post secondary education program would be considerably strengthened through the approval of land grant status for our college. We qualify for this program, and ask your help in obtaining the required Congressional approval.

Our primary concern in the Health and Human Services area is the provision of satisfactory health care for our people. Construction of a new and modern health care facility is under way. But we are badly in need of assistance in obtaining properly trained staff for the new facility. We would ask your help in obtaining sufficient funds to meet this need.

In the area of Labor, we need help in raising the skill level of our work force. The new Job Training Partnership Act is based on the assumption that there is a well-developed private sector with whom this up-grading of skills can be done in partnership with the government. Our private sector is not well-developed, and does not offer an adequate base from which to do this. We would ask for a revival of a CETA-type program to meet our needs in this area.

I'd like to conclude by reading the full list of our specific suggestions on how federal programs could be made more effective in meeting island needs.

1. Don't expect us to be able to meet United States standards or criteria. We are not ready to do that yet. We're still developing and we're not ready to take on the "de-federalization" of human services as the states are doing now.

2. Provide funding in terms of set-asides and take into consideration our higher costs. Formula or project grants and research contracts don't generally work for us. We need targetted assistance, plus built-in allowances for the higher costs of goods and services, because of our remoteness and isolation.

3. Provide assistance through people who are familiar with our situation and who understand our level of need. We don't benefit when we are judged and guided by people who don't realize that English is our second language and who don't appreciate the difficulties of transportation and communication that we live with.

4. Give us more easily accessible assistance, such as through a Hawaii-based office. Our "time-window" to Honolulu is a full five hours long each day. Direct contact with Washington is almost impossible, and even with California, the over-lap of working hours is limited.

5. Consider our stage of development and allow those programs that meet our needs to continue, even if they are eliminated for the rest of America. Examples are the Territorial Teacher Training Asistance Program, CETA, and the Library and Services Construction Act, especially the title which authorized the construction of new libraries.

6. Assist us in assessing the educational needs of our Chamorro and Carolinian children. Kamehameha School here in Hawaii received federal funds

to research the educational needs of native Hawaiian children, and we feel our students deserve the same potential benefits derivable from such a study.

7. Let us benefit from the policies, programs and services provided by the United States to foreign developing countries. A good example is the Overseas Private Investment Corporation.

8. Permit us to take advantage of our proximity to Asia in terms of trade, technical assistance, and U.S. Government facilities overseas.

9. Give us the tools to improve our access to information. For instance, provide us with a replacement for the ATS-1 satellite which we have relied upon so heavily, and which we understand will soon be lost to us.

10. In your deliberations, take into account the recommendations of the Northern Marianas Commission on Federal Laws which has made an intensive survey of those U.S. laws which cause problems to us in our special situation. Some of the recommendations have already been adopted by Congress and we urge your acceptance of the rest of them.

11. Provide for the right of our government to appeal civil and criminal cases from the Appellate Division of the District Court for the Commonwealth to the U.S. Court of Appeals for the Ninth Circuit. This is to cure the problem raised by Guam v. Okada, which arguably prohibits governmental appeals from territories unless authorized by Congress.

That ends my oral statement. I'd be pleased to answer any questions you have, and, of course, the written statement that we have submitted for the record contains many more specific details than I've been able to provide in my statement here. In addition, I have with me today Dr. Jose Villagomez, our Director of Public Health and Environmental Services and Mrs. Agnes McPhetres, President of the Northern Marianas College. I'm sure they'd be willing to provide any specific information on their particular areas you might wish. Again, thank you for the chance to meet with you and your committee and to present to you some of the concerns of the people of the Commonwealth of the Northern Mariana Islands.

STATEMENT OF HON. ALVIN JACKLICK, MAYOR OF KWAJALEIN

Senator WEICKER. Mayor Jacklick of Kwajalein, go right ahead.

Mayor JACKLICK. Thank you, Mr. Chairman, Senator Inouye, ladies and gentlemen, I would like to thank the committee for allowing me the opportunity to speak to you on behalf of my constituents, the people of Kwajalein. I would like to take the opportunity first to thank you, Senator Inouye, for your remarks regarding the compact and our people at Kwajalein. Over 75 percent voted against the compact with the Marshalls in December 1983.

We believe the compact health and education provisions under section 216 are totally inadequate, and we disagreed. The Reagan administration is going to submit the compact to the Congress when it reconvenes this month.

I have served since July 3, 1983, as the elected major of Kwajalein. Our community consists of 8,500 people. Five thousand of those are native landowners of Kwajalein Atoll, and the others are other Marshallese or trust territory citizens who have moved to Kwajalein in the period since World War II.

There is also an American community of an additional 3,500 people. They live on Kwajalein Island itself, which is about 900 acres and is the site of the Kwajalein missile range. Most of these people are contracted personnel affiliated with the Army's missile range.

Most of the indigenous population of Kwajalein Atoll was relocated in the early 1950's to the nearby island of Ebeye. It is now a predominantly Marshallese community, whose population has grown to 8,500 people living on about 65 acres of total land area. This has created a population intensity 25 times greater than that of the American community. The health and educational facilities of the Marshallese community existing on Ebeye Island are the focus of my remarks to you today.

Notwithstanding nearly 40 years of U.S. administration of Kwajalein, since the taking of Kwajalein in a battle on February 9, 1944, adequate educational facilities have never been put in. We have only one public elementary school with 1,115 students. There are no high schools. The only opportunity our young people have to go on to high school is by going to one of the several public or private boarding high schools 270 miles away on Majoro Island or, as in a few cases, by going to Honolulu, Hawaii or the U.S. mainland when U.S. church groups provide assistance. Less than half our students who complete elementary school go on to any form of secondary education.

Because of the removal of population to make possible missile test activities of the Kwajalein missile range, our lifestyle is entirely urban. This makes even more critical the need for basic secondary and technical education. Marshallese employment opportunities at the missile base is limited. The Army imposes specific policy directives of about 550 jobs, although we are certain that with adequate education and technical training programs, Marshallese persons could fill the logistic support employment opportunities at Kwajalein. These number about 1,500.

Our situation with respect to health is much worse.

First of all, except on an emergency basis, with emergency strictly defined, the Army's excellent hospital on Kwajalein is unavailable to our people. The hospital on Ebeye Island, consisting of 1 emergency room, 1 delivery room, 1 laboratory, and 12 beds for patients is woefully inadequate, both in size and scale. The medical staff consists of only two doctors, three practical nurses, and one paramedical person, a medex for total medical service to our people. The chief of medical staff of the hospital regularly sees 100 patients per day, which is a level of activity far beyond any physician's ability to render adequate health care, no matter how dedicated the physician might be.

Sanitary and public health conditions on Ebeye Island have remained far below any acceptable standard. Many of the island's dwelling units do not have sanitary running water and the recently renovated sewage disposal system has not yet been hooked up to all the houses. Some fresh water is barged from the Army facility on Kwajalein Island to Ebeye Island on shipments which come three times weekly. However, the Army charges our national government for these shipments, so naturally the tendency is to minimize the supply of fresh water.

My local government and the government of the Republic of the Marshall Islands are in the process of transfer of both local taxing authority and some administrative functions. It is, of course, our great hope that we can do a better job of operating the education and the health care system than has been done to date by either the trust territory or Marshall Island Government.

However, I must tell you that the present outlook is bleak, particularly as we are confronted with outbreaks of communicable diseases at Ebeye. For example, we presently have a doctor from the World Health Organization in the Philippines who is on Ebeye Island conducting further investigation with respect to the possibility of an epidemic of tubercular meningitis. One child died of meningitis in the month of September 1983.

At the time of the death of the child there were not adequate antibiotic stocks in the Ebeye hospital. The line of bureaucratic responsibility which was necessary to pursue in order to get adequate medications was complex. The request for assistance went first from Ebeye to the Marshall Islands Ministry of Health Services on Majoro, then to the trust territory health department on Saipan in the Mariana Islands, then to the Federal regional office of health and human services in San Francisco, and finally to the Hawaii State Health Department in Honolulu, and then back to Ebeye Island.

There is now, thanks to the assistance of all those agencies, a stock of adequate antibiotics specifically necessary for treatment of meningitis in the Ebeye hospital. However, obtaining adequate medical stocks, adequate personnel, and adequate public health measures has always been a losing battle for our community. The rows of tiny graves in our cemeteries on Ebeye show that the death of our young children of 1, 2, and 3 years of age is all too common.

The entire problem of overcrowding and the restrictions of our movement and access to other islands imposed on us by the Army and agreed to by our national government, the difficult social and economic conditions which flow from this set of circumstances is attributable to the impact of a major military installation on our atoll.

Because of this we take the view that the responsibility for provision of adequate education and health care are fundamental responsibilities of the United States under the trusteeship. We look to the U.S. Government, which has the necessary resources to respond to our situation, and we hold it responsible to help us deal with the problems we confront. We, in our local government and in our community are more than willing to do everything within our power to responsibly administer our affairs, to resolve our own problems, but we must have help from the Federal Government of the United States in the form of both adequate taxing authority to raise revenue, and in the form of specific technical personnel and basic facilities.

The leadership of Kwajalein Atoll is trying very hard to provide a future for the children of our islands, and we sincerely hope that those of you here today will feel sympathetic to the needs of my people. Let me end my statement to you with the proverb I've carried with me for some time now, and have come to believe it. He who does not move forward moves backward.

Mr. Chairman, that's the end of my prepared statement today. With respect to questions regarding the compact, from the Association of the Marshall Islands I have Mr. George Allen, who is the legal counsel—technical questions can be answered by him. Thank you very much.

Senator WEICKER. Thank you very much. Your statement will be included in the record at this point.

[The statement follows:]

STATEMENT OF ALVIN JACKLICK

Chairman Weicker, Senator Inouye, ladies and gentlemen, first I would like to thank the Committee for allowing me the honor of speaking to you today on behalf of my constituents, the people of Kwajalein Atoll in the Marshall Islands. I have served since July 3, 1983 as the elected Mayor of Kwajalein. Our community consists of 8,500 people. 5,000 of those are native landowners of Kwajalein Atoll and the remainder are other Marshallese or Trust Territory citizens who have moved to Kwajalein in the period since World War II.

There is also an American community of an additional 3,500 people. They live on Kwajalein Island itself which is about 900 acres and is the site of the Kwajalein Missile Range. Most of these people are contractor personnel affiliated with the Army's Missile Range.

Almost all of the indigenous population of Kwajalein Atoll was relocated in the early 1950's to the nearby island of Ebeye. It is now a predominantly Marshallese community whose population has grown to 8,500 people living on about 65 acres of total land area. This has created a population density 25 times greater than that of the American community.

The health and educational facilities of the Marshallese community existing on Ebeye Island are the focus of my remarks to you today.

Notwithstanding nearly 40 years of United States administration of Kwajalein, since the taking of Kwajalein in a battle on February 9, 1944, adequate educational facilities have never been put in. We have only one public elementary school with 1,115 students. There is no high school. The only opportunity our young people have to go on to high school is by going to one of the several public or private boarding high schools 270 miles away on Majuro or, as in a few cases, by going to Hawaii or the U.S. mainland when U.S. church groups are able to provide assistance. Less than half of our students who complete elementary school go on to any form of secondary education.

Because of the removal of our population from our home islands to make possible missile test activities of the Kwajalein Missile Range, our lifestyle is entirely urban. This makes even more critical the need for basic secondary and technical education.

Marshallese employment opportunity at the missile base is limited. The Army imposes specific policy directives of about 550 jobs, although we are certain, that with adequate education and technical training programs, Marshallese persons could fill all of the logistic support employment opportunities at Kwajalein. These number about 1,500.

Our situation with respect to health is much worse.

First of all, except on an emergency basis, with emergency strictly defined, the Army's excellent hospital on Kwajalein Island is unavailable to our people. The hospital on Ebeye Island, consisting of one emergency room, one delivery room, one laboratory and 12 beds for patients is woefully inadequate both in size and scale.

The medical staff consists of only two doctors, three practical nurses and one paramedical person, a medex, for total medical service to our people. The Chief of medical staff of the hospital regularly sees 100 patients per day, which is a level of activity far beyond any physician's ability to render adequate health care, no matter how dedicated the physician might be.

Sanitary and public health conditions on Ebeye Island have remained far below any acceptable standard. Many of the islands' dwelling units do not have sanitary running water and the recently renovated sewage disposal system has not yet been hooked up to all of the houses.

Some fresh water is barged from the Army facility on Kwajalein Island to Ebeye Island on shipments which come three times weekly. However, the Army charges our national government for these shipments so naturally the tendency is to minimize the supply of fresh water.

My local government and the government of the Republic of the Marshall Islands are in the process of transfer of both local taxing authority and some administrative functions.

It is, of course, our great hope that we can do a better job of operating the education and health care systems than has been done to date by either the Trust Territory or Marshall Island governments.

However, I must tell you that the present outlook is bleak, particularly as we are confronted with outbreaks of communicable diseases at Ebeye. For example, we presently have a doctor from the World Health Organization based in the Philippines who is on Ebeye Island conducting further investigation with respect to the possibility of an epidemic of tubercular meningitus. One child died of meningitus in the month of December, 1983.

At the time of death of the child there were not adequate antibiotic medical stocks in the Ebeye hospital. The line of bureaucratic responsibility which was necessary to pursue in order to get adequate medications was complex. The request for assistance went first from Ebeye to the Marshall Islands Ministry of Health Services on Majuro, then to the Trust Territory Health Department on Saipan in the Mariana Islands, then to the Federal Regional office of Health and Human Services in San Francisco, and finally, to the Hawaii State Health Department in Honolulu and then back to Ebeye.

There is now, thanks to the assistance of all of those agencies, a stock of adequate antibiotics specifically necessary for treatment of meningitus in the Ebeye hospital. However, obtaining adequate medical stocks, adequte personnel and adequate public health measure has always been a losing battle for our community. The rows of tiny graves in our cemeteries on Ebeye grimly show that the death of our young children of one, two and three years of age, is all too common.

The entire problem of overcrowding, and the restrictions of our movement and access to other islands if forced upon us by the Army and agreed to by our national government. The difficult social and economic conditions which flow from this set of circumstances is attributable to the impact of a major military installation on our atoll.

Because of this, we take the view that the responsibilities for provision of adequate education and health care are fundamental responsibilities of the United States under the Trusteeship. We look to the the United States Government, which has the necessary resources to respond to our situation, and we hold it responsible to help us deal with the problems we confront.

We, in our local government and in our community are more than willing to do everything within our power to responsibly administer our affairs and to resolve our own problems. But we must have help from the Federal government of the United States in the form of both adequate taxing authority to raise revenue, and in the form of specific technical personnel and basic facilities. The leadership of Kwajalein Atoll is trying very hard to provide a future for the children of our islands and we sincerely hope that those of you here today will feel sympathetic to the needs of my people.

Let me end my statement today with a proverb I've carried with me for some time now and have come to believe in... "He who does not move forward, moves backward".

Thank you very much.

Senator WEICKER. Speaking on behalf of Governor Coleman, is Mere Betham, director of education of American Samoa, who we are going to be hearing from on the next panel. Mere.

We have the satement of Governor Coleman, which will be included in the record at this time. Mere, you go ahead and make whatever statement you care to make on his behalf.

Mrs. BETHAM. Yes, Mr. Chairman, Senator Inouye, members of the committee. As you know, Governor Coleman has unfortunately been taken ill and is in the hospital, and wishes me to offer his apologies for not appearing here personally at this hearing. And, at the end of his comments, he introduces three members of his staff that he's brought along with him, Mrs. Edna Taufa'asau, who is the director of manpower resources, Mr. Joseph Pereira, the director of development planning, and myself, the director of the department of education, who are prepared to give summaries of the pressing needs of these departments. And, for that matter, I want to ask at this time, Mr. Chairman, that the comments by our Governor are inserted into the record in whole. Thank you.

Senator WEICKER. Thank you very much. Governor Coleman's statement will be included in the record, along with the letter from Mrs. Taufa'asau.

[The information follows:]

STATEMENTS OF HON. PETER TALI COLEMAN, GOVERNOR, AMERICAN SAMOA

IT IS INDEED A DISTINCT PLEASURE TO HAVE THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY IN SUPPORT OF THE SUBCOMMITTEE'S CONTINUED INTEREST IN LABOR, HEALTH AND HUMAN SERVICE CONCERNS IN THE PACIFIC.

MR. CHAIRMAN, WE JOIN THE OTHERS BEFORE US, WHO WELCOME YOU TO THE STATE OF HAWAII, THE AMERICAN GATEWAY TO THE PACIFIC BASIN. AND, OF COURSE, SENATOR INOUYE, WE WELCOME YOU HOME.

MOST OF US HAVE TESTIFIED MANY TIMES BEFORE CONGRESS, BUT IT IS A RARE PRIVILEGE TO DO SO IN THE PACIFIC. YOUR WILLINGNESS TO MEET WITH AMERICAN PACIFIC LEADERS HERE, TO LEARN OUR PROBLEMS FIRST HAND IS GRATIFYING. IT ENABLES US TO BRING ADDITIONAL KEY RESOURCE PEOPLE WE COULD NOT AFFORD TO TAKE TO WASHINGTON.

BY MEETING WITH US HERE, MR. CHAIRMAN, YOU DEMONSTRATE THE SPECIAL SENSITIVITY TO US FOR WHICH SENATOR INOUYE HAS LONG BEEN NOTED AND WHICH IS VITAL TO OUR UNDERSTANDING OF OUR NEEDS WITHIN THE CONTEXTS OF OUR CULTURES.

MR. CHAIRMAN, ASIDE FROM THE APPROPRIATIONS SUBCOMMITTEE ON INTERIOR AND RELATED AGENCIES, WHICH PROVIDES OUR LOCAL GOVERNMENT WITH MAJOR OPERATIONAL AND CIP SUPPORT EACH YEAR, I CAN THINK OF NO APPROPRIATIONS SUBCOMMITTEE WHOSE WORK IS OF GREATER

IMPORTANCE TO OUR WELL-BEING AND SOCIAL DEVELOPMENT THAN THIS SUBCOMMITTEE.

WHILE THE BUILDING OF ROADS, THE DIRECTION IN WHICH WE TAKE OUR ECONOMY OR A WHOLE HOST OF OTHER DECISIONS ARE MATTERS OF CHOICE, PRIORITY, DEGREE AND PHILOSOPHY, THERE ARE NO DIFFICULT BASIC POLICY DECISIONS IN THE AREAS UNDER THE JURISDICTION OF THIS COMMITTEE.

SIMPLY STATED, MY ADMINISTRATION, INDEED ANY LOCAL ADMINISTRATION, IS COMMITTED TO ACHIEVING HEALTH AND EDUCATION STANDARDS EQUAL TO THE BEST FOUND ANYWHERE IN OUR COUNTRY AND TO PROVIDING FOR THE SOCIAL WELL-BEING OF OUR CITIZENS IN KEEPING WITH OUR CULTURE AND CUSTOMS WHICH PLACE PRIMARY EMPHASIS ON FAMILY, NOT GOVERNMENT, TAKING CARE OF THEIR OWN IN TIME OF NEED.

BUT WE CANNOT REACH THESE GOALS ALONE. OUR DELICATE ECONOMY, WHICH IS STILL IN THE PRE-TAKE OFF STAGE, WILL REQUIRE THAT WE CONTINUE TO SEEK THE HELP OF THE UNITED STATES CONGRESS FOR THE FORESEEABLE FUTURE.

WE HAVE HIGH HOPE, THAT THE JOB TRAINING PROGRAM AND OTHER LABOR PROGRAMS WHICH THIS SUBCOMMITTEE ALSO CONSIDERS, WILL PROVIDE THE LONG-TERM FOUNDATION FOR OUR ECONOMY, SO THAT SOME DAY OUR LOCAL REVENUE BASE WILL BE SUFFICIENT TO PROVIDE OUR

GOVERNMENT FINANCIAL RESOURCES WE NEED TO FULLY MEET THE NEEDS OF OUR PEOPLE.

MR. CHAIRMAN, I KNOW THIS COMMITTEE HAS MANY WITNESSES TO HEAR, SO I WILL CONCLUDE MY REMARKS AT THIS POINT. I HAVE WITH ME - MRS. MERE BETHAM, DIRECTOR OF OUR DEPARTMENT OF EDUCATION; MR. JOSEPH PEREIRA, OUR DIRECTOR OF DEVELOPMENT PLANNING AND MRS. EDNA TAUFAASAU, DIRECTOR OF MANPOWER RESOURCES, OUR LABOR DEPARTMENT. THEY ARE PREPARED EITHER TO BRIEFLY SUMMARIZE THE MOST PRESSING NEEDS OF THEIR DEPARTMENTS OR, ALONG WITH ME, ANSWER ANY QUESTIONS YOU MAY HAVE, WHICHEVER IS THE PLEASURE OF THE CHAIR.

THANK YOU, MR. CHAIRMAN.

I am indeed honored to have this opportunity to offer testimony on Community Service issues effecting the Territory of American Samoa.

We are centainly fortunate that in addition to our basic operating budget from the Department of Interior, federal grants are available to supplement delivery of basic services to our people. American Samoa's mountainous terrain limits the ability of the Government to totally provide the infrastructural needs of its residents. While the Government has invested tremendous financial resources on water systems, for example, many villages still depend on their own water systems. This poses a major health problem due to water contamination.

The government system cannot be economically extended to service the needs of these villages as it would mean investment of millions of dollars that the Government does not have amidst other competing needs. However in the interim, Government has been able to minimize hardship on the residents by improving water catchment facilities, construct water tanks to facilitate clorination, and restricting access to water holes. This is one example of the many community needs not adequately satisfied because of the prohibitive nature of the island's terrain thus lending cost of basic services economically unfeasible, given the Territory's limited financial resources.

However, despite these constraints, we have been able to slowly meet these community needs through the use of Federal Grant programs such as the Community Service Block Grant program from the Department of Health and Human Services. American Samoa is on its second year of this program. It has helped the Government augment its services to the villages. Services to our villages have been delivered on a partnership arrangement, where the government supplies materials and technical assistance and the villages supply the manpower. This arrangement has enabled the Government to get the maximum use out of the limited amount of funds and simultaneously enhance village pride; thus ensuring proper maintenance of facilities.

The flexibility inherent in these Federal programs has allowed our Government to implement projects that not only improves the quality of life of our people but also encourages perpetuation of our customs and cultures.

We hope that Congress will, in its consideration of the effectiveness of Federal programs, provide enough flexibility to our Governors, as inherent in the Block Grants so programs that are implemented in the islands produce maximum economic, social, and political benefits.

LETTER FROM EDNA T. TAUFA'ASAU, DIRECTOR, OFFICE OF MANPOWER RESOURCES, TERRITORY OF AMERICAN SAMOA

January 18, 1984

To: The Honorable Lowell Weicker, Chairman
U.S. Senate Subcommittee for Labor, Health and
Human Services, Education and Related Agencies
of the Appropriations Committee

From: Edna T. Taufa'asau, Director
Office of Manpower Resources
Territory of American Samoa

Senator Weicker, Senator Inouye, My name is Edna Taufa'asau, Director of the Office of Manpower Resources for the American Samoa Government.

Mr. Chairman, we wish to express to you our thanks for your outstanding support of the needs of the Territory. We are particularly thankful for your support of the original Federally Supported Health Planning Program and for your introduction of the reauthorization of that program in the present session.

This bill has been instrumental in helping us to develop our health system and to improve health care financing and health care cost containment. We have come a long way in the past few years and pray that you will be successful in getting the reauthorization bill through the Congress.

We want especially also to thank our own Senator Inouye for his magnificent support in getting us $750,000 per year through the Medicaid program to help improve our health services. This money has been instrumental in enabling us for the first time ever, to get full physician care for our people, to purchase some essential medical equipment desperately needed for diagnosis and for treatment and to begin renovation of the hospital to meet medicare/medicaid standards. We do thank you for the amendment which enabled the Director of HHS to waive regulations to establish the capitation system under which we receive the $750,000. We would hope that you will reintroduce the cap of $1,300,000 which is what we should be entitled to if we measured our population against the poverty standard.

We are overjoyed to see the willingness of congress to look closely at the special and unique problems of isolated island communities and to write waivers in to the laws thus enabling the territories to use the federal dollars directly on prioritized needs rather than on expensive and specialized staff to cope with the innumerable and detached restrictive regulations required of mainland states.

We are very far from reaching our goals in the health field both clinically and in Public Health but thanks to federal assistance, we have taken 2 to 3 giant steps forward and with your continuing help we look forward to being able to meet our long range goal of having our own people educated and experienced in medical, nursing and maintenance careers so that the utter dependence on imported American contract workers in these fields can be eased.

The American Samoa Government has benefitted a great deal from Federally funded employment training programs. The Comprehensive Employment Training Act (CETA) provided ASG with funds to train financially handicapped unemployed individuals with jobs. The unemployment rate in American Samoa was at 26% in the 70's, before federally funded programs were made available to our Government. However, the employment rate decreased as more and more people were trained to hold permanent jobs within the territory. At present, the unemployment rate is stabilized at 15 to 16%. Based on the figures from the 3 fiscal years, a total of 1,499 participants enrolled in the CETA program. Of this number, 297 participants were placed in unsubsidized permanent employment, 749 of the participants either went back to complete high school, went back to complete college degrees or joined the Armed Forces. Approximately 50% of our middle management work force got their start through the CETA program.

We have seen a decline in federal funds beginning in Fiscal 1982. The following is a comparison of funds we received under the CETA program during the last three (3) fiscal years:

CETA

FISCAL YEAR	1981	1982	1983
	$1,065,160	648,791	646,734

JTPA

FISCAL YEAR	1984	1985
	478,406	436,003

The introduction of the Job Training Partnership Act in 1982 is a setback to our efforts to continue to train unskilled unemployed individuals to be placed in both government and private sector jobs. The JTPA program placed several restrictions by requiring us to coordinate and conduct programs which do not reflect our needs. In light of this, we have requested the Secretary of Labor to lift those restrictions and allow us to consolidate all JTPA funds into one block grant. By consolidation of JTPA funds, we will be able to direct our employment training monies to fund the following urgently needed programs:

1) Setting up of an Apprenticeship Program to train journeymen-level tradesmen.

We have a shortage of experienced tradesmen which has resulted in the importation of tradesmen from other islands to do the work. We need to bring in qualified Training Instructors to train our local tradesmen on-island and to set up an Apprenticeship Program to provide training for tradesmen on an on-going basis.

2) Agriculture Training Program - Classroom Training/Occupational Training

The island of Manu'a group, Ta'u, Ofu and Olosega are sometimes described as "unspoiled". However, the beauty of the islands masks extremely high unemployment. A small population and low population density (in comparison to the main island of Tutuila), coupled with available arable land and a lack of employment opportunity, have combined to foster development of a small but extremely effective agricultural training program.

Since American Samoa must import much of its vegetables, a ready market is assured. Well trained instructors are also available to begin this program. The program will also take advantage of the Department of Agriculture subsidies for seeds and fertilizer in stretching limited resources.

Under restrictions of the JTPA program we are unable to pay stipend to ATP trainees. These restrictions coupled with the limited funds ($34,000.00 - which is enough to train only 25 participants) is not sufficient to provide training for approximately 200 unemployed individuals in the island of Manu'a.

3) We have an urgent need for top management training in such areas as planning, budgeting, organizing for a better and more effecient workforce. Until 1982 funds for this type of training were provided through grants from I.P.A., the Intergovernmental Personnel Act, one of the most far-sighted pieces of legislation ever produced by the Congress.

Unfortunately, Mr. Devine, head of the Office for Personnel Management effectively and unilaterally killed this far reaching program, which benefitted all states and territories, by failing to request funds for this program and by hasty dispersion of the small highly skilled staff handling these grants.

We now have no funds to assist us in this area and JTPA is unfortunately divided into such bits and pieces that we are unable to set up a training program in this desperately needed area.

We respectfully request that you continue to regard American Samoa as unique from other States and Territories.

Our problems are indeed set in a unique framework of Samoan culture and we can solve them if we have your whole hearted support.

Many of the government regulations for whose funds we have submitted application are extremely restrictive and keep us from concentrating on operating programs reflecting our true needs, thus preventing us from progressing a little faster into economic self-sufficiency.

We would like to see the same waiver granted to the Department of Labor as you gave to H.H.S. so that we can concentrate on the programs we deem essential to our well being.

Thank you Mr. Chairman.

Senator WEICKER. Now yesterday—just for the information of the others present—I had the occasion to meet with Governor Bordallo and Lieutenant Governor Tenorio, to discuss these matters in greater detail, so that is why my questioning is limited. And I think Senator Inouye might have a few questions here, but I have no other questions at this time. What is a new matter to me, and I really want to have the time to look over are the comments of Mayor Jacklick of Kwajalein, and I will do that. I'm afraid in the interest of time I can't do that at the present moment, but it's something that will receive the committee's attention.

Senator Inouye?

Senator INOUYE. I have no questions.

Senator WEICKER. Senator Inouye has no questions, and I thank the panel very much. Thank you.

Before the next panel, I might add I want to remind the remaining witnesses that I want everybody to speak fully. We're trying to give you as much time to state your case as possible, without taking up with a great deal of dialog from the committee, but we do have to leave for Kalaupapa, so I would appreciate if witnesses would attend to the schedule.

STATEMENT OF DR. DONNIS THOMPSON, SUPERINTENDENT, HAWAII STATE DEPARTMENT OF EDUCATION, REPRESENTING THE PACIFIC REGIONAL EDUCATIONAL LABORATORY

ACCOMPANIED BY MRS. MERE BETHAM, DIRECTOR OF EDUCATION, AMERICAN SAMOA

Senator WEICKER. The next panel consists of Dr. Donnis Thompson, superintendent, Hawaii State Department of Education, Mrs. Mere Betham, director of education of American Samoa, and Henry Sablan, superintendent of education, Commonwealth of the Northern Mariana Islands.

Are we missing somebody?

Dr. THOMPSON. Yes; may I just briefly mention that Henry Sablan sent a telegram, he was unable to make it and sent his personal apologies, and asked that Mrs. Betham and myself give this for him. With your permission, I'd like to start.

Senator WEICKER. Having heard both of you, I have no doubt that it will be given with great expertise, and I'm sure the cause will be enthusiastically well represented.

Dr. THOMPSON. Thank you very much.

Senator Weicker, Senator Inouye, I'm Donnis Thompson, superintendent of education for the State of Hawaii, speaking to you today in my capacity as chairman of the policy board for the Pacific Region Educational Laboratory.

This policy board was organized in October 1983 under a planning grant of $50,000 from the National Institute of Education to the Northwest Regional Educational Laboratory, the agency currently designated by the NIE as the regional laboratory for the Northwest and the Pacific.

The purpose of the planning grant is to develop a 5-year plan for research, development, evaluation, training, dissemination, and technical assistance, to improve elementary and secondary educational programs for the children of the Pacific area.

The policy board is composed of the top education officials from American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, and Hawaii, and includes from Hawaii Dr. Andrew In, dean of the College of Education, University of Hawaii, and Dr. Jim Brough, representing the Bishop estate and the Kamehameha schools.

Following our organizational session, the policy board met again in December to begin work. At the present time, staff of the Northwest Lab are in the process of compiling a profile, a demographic study of the social, cultural, and other characteristics of the population from each jurisdiction. In addition, they are also working up a synthesis of all previous studies related to educational problems and issues in these island areas. Their reports will be presented to the policy board at our next meeting, which will be this spring in March. We will then identify common needs and set priorities for research and technical assistance to be provided by the Northwest Regional Lab.

Even before we receive the report to be provided by the Northwest Lab we do know that the children of all these Pacific islands have urgent educational needs that cannot be served in isolation. In our informal discussions we have talked about problems of student achievement, language issues, curriculum concerns, teacher training, and other specific needs. We are already benefiting from an exchange of ideas, and I believe that by working together we are pursuing the most effective approach to providing improved educational services to children throughout the Pacific Basin. For the time being, the head officials of each school system are meeting to articulate needs, to share possible solutions, and hopefully we will have the expected funds for planning to carry out these needs. This effort would not be possible without the assistance received from the NIE. We appreciate this, and we ask for your continued support.

And particularly Chairman Weicker, and also Senator Inouye, we appreciate your concern, particularly in the Pacific Basin. And once again, thank you for your support.

Mr. Chairman, Senator Inouye, speaking from American Samoa at this time is Mrs. Mere Betham, director of education.

Mrs. BETHAM. I can only add to what Dr. Thompson has said in reference to this council, in support of all of her comments, but also to mention the fact that we are deeply appreciative of Senator Inouye, in particular, for his efforts for the educational programs.

I want to use this time with your permission to show you a very brief video presentation of American Samoa schools that we prepared to show with Governor Coleman, during his presentation, if you will——

Senator WEICKER. I'm looking forward to seeing it. But let me ask you one question. We've had educators at all levels speak here today, and the presentation of the video here brings to mind the following question: Have we fully utilized television as a tool for teaching? Is that something that is being utilized or is under study? It seems to me to be an ideal tool where possibly it's difficult getting personnel on site, but where you want a quality education delivered to all the people in this area.

Mrs. BETHAM. Let me answer that for you, Mr. Chairman. In American Samoa in the early 1960's, our total system was educational television system, and was totally controlled by the medium.

I think in your presentation we make reference to the fact that we have revived that and used it as a supplement to the program we do use in the classroom.

Senator WEICKER. Please go right ahead.

[Whereupon, a videotape presentation was given.]

Senator WEICKER. Thank you very much, that's excellent. Thank you very much. I will place both your statement and that of Dr. Thompson in the record at this point.

[The statements follow:]

Statement of Mrs. Mere T. Betham

Mr. Chairman, Senator Inouye, my name is Mere T. Betham, Director of Education for American Samoa.

I would first like to take this occasion to thank the U.S. Congress for its concern as demonstrated by this meeting. May I also extend a special thank you to you Senator Inouye of Hawaii for your efforts on behalf of the educational programs for American Samoa. To you Senator Weicker and Senator Inouye both, we thank you for your sensitivity and responsiveness to the needs and circumstances in the Insular Areas. Your support on behalf of the territories is indeed reassuring and greatly appreciated.

Education in American Samoa is in a State of Transition. It has emerged from a State of Neglect under various administrations, into a vibrant system - but, there are still difficulties and obstacles to development. For our objective in education must be the constant up-grading of the education of our children. They are the focus of our efforts and the reason for our emphasis on teacher training and improvement.

Unlike most American communities, the population of the territory is growing. In fact, it is growing at one of the fastest rates in the world. (See Attachment 1). In the past 10 years the population has jumped 21 percent, and more than half of the population is 18 years of age or younger.

American Samoa, the only part of American soil South of the equator, is a polynesian island group that was administered by the U.S. Navy for over 50 years; the Department of the Interior took over in 1951. No director of education held the position for more than 4 years, and only 47 teachers held degrees. By June of 1984, however, a total of 334 Samoan teachers will hold degrees. (See Attachment 2).

Throughout these past few years, the American Samoa Department of Education has established as one of its highest priorities, the reduction of dependence on mainland educational personnel through an aggressive policy of local capacity development. Presently, 87 percent of the instructional staff hold A.A. degrees or higher. 35 percent of these are bachelor degrees. This is quite an advance over the last few years. Yet, 70 percent of all instructional staff lack a Teaching Certificate. (See Attachment 3). As local resources are insufficient to meet the pressing needs of instructional personnel development certification, Federal funding has become vital to the continuity, scope and impact of teacher training in American Samoa. With upgraded teacher qualifications and a training plan designed to ameliorate the instructional capabilities of Samoan teachers, a concomitant improvement of student achievement in the classroom is anticipated. This teacher development approach is a switch from the experimental centralized T.V. Education concept in the 1960's and early 1970's which emphasized the Television as the primary medium for teaching. Although some efforts were made during the 60's and 70's to improve local capabilities, they were fragmented at best, limited in scope, and proved draining in terms of man-power and finances as it removed teachers from their classrooms for extended periods of time for over-seas training.

Another aim of the Department of Education is to make the entire Territorial Education system Bilingual. Through the initiation of a totally Bilingual Education System in American Samoa, a serious effort is made to tailor through teacher training modern academic concepts to socio-cultural life styles of the Samoan pupils. This approach, while it will hopefully increase English language proficiency and basic skills, will at the same time preserve, continue and perpetuate pride in self and culture of Samoa. To accomplish this, materials have been produced by our Division of Instructional Development's Language Arts department. However, there is still a shortage of needed materials and equipment and while our efforts at materials development and teacher training continue, the extent, scope of eligibility and participation are contingent upon various Federal Program funding allocations and availability.

Over these past few years, there have been programs to upgrade Teacher Skills, conducted in conjunction with several stateside universities such as the University of Hawaii at Manoa and Brigham Young University at Provo, Utah. The Teacher Corps program, also Federally funded, has given way to the Territorial Teacher Training Assistance Program (TTTAP). The U.S. Congress by establishing the T.T.A.P. recongnized in its wisdom the unique needs and circumstances of Education in the Pacific Territories. This Teacher Training Program has enabled American Samoa to substantially move towards its primary goal of reducing reliance on overseas assistance through the initiation of an aggressive local capacity development program. Despite the rigorous demands of teaching and other instructional responsibilities during the day, this program has proven extremely successful and popular among teaching personnel as it provides for more participants and does not remove them from the classroom. Each year, certified Samoan teachers are graduating from universities and colleges in increasing numbers through assistance provided through the Territorial Teacher Training Assistance Program. The total number of participants in these various programs, and our progress towards achievement of our DOE's local capacity goals, however, are inextricably bound to Federal funding.

In the past, there have been difficulties with Federally-funded programs: onerous regulations, overlapping functions and services of grants and the sheer logistical problems of administrating grants 7,000 miles away to islands that are themselves scattered over a wide area. The federal Department of Education has responded with frequent assistance, and local DOE officials have made every effort to coordinate and limit the number of grant requests to those which were essential. However, there is a real need for more on-site technical assistance as we attempt to implement grants and comply with regulations and changing requirements. The high turnover of federal program directors (5 in the past 4 years for Consolidation in Washington D.C.) do not enable them to become aquainted with the territory and its unique problems. To give a small example, like most American Territories, school buses carry children to school, but some inter-island children are separated by water. It's too expensive to fly, but federal regulations prohibit transport money to go to motor boats; fishermen transport students for a normal fee.

But it is not such small fees that go into each child's education. Education in general, is becoming increasingly expensive and complex. The American Samoa DOE has in addition, attempted to enrich local pupil education with skills of a more technical nature. Local instructional application of modern technology and equipment such as computers, is currently in the first phase of teacher training in the Territory. To prepare our students adequately, they need competitive skills - skills that can only be taught by a trained cadre of certified teachers, and towards that goal we have made great advances - but, we have a long way to go.

In addition to Secondary and Elementary schools, American Samoa maintains a Community College. As the American Samoa Community College depends on federal funding for implementation of many of its programs, the problems and needs of both local institutions are similar. Of continued concern by the Community College is the need to address the matching requirements for land grant status. Another problem is that Higher Education programs that are linked and determined by national formulas, figures, and trends frequently preclude local college participation and eligibility.

In conclusion, the American Samoa Department of Education strongly recommends the following considerations:

(1) the consideration of legislative deregulation or waiver provisions in federally funded programs for elementary, secondary and higher education institutions in the U.S. Insular Areas.

(2) increased allocations targeted for local capacity development and continuity.

(3) the assurance of annual on-site technical assistance on a regular basis.

(4) federal legislation for Federal grants programs tailored to the unique geographical, cultural and demographic circumstances of the Territories.

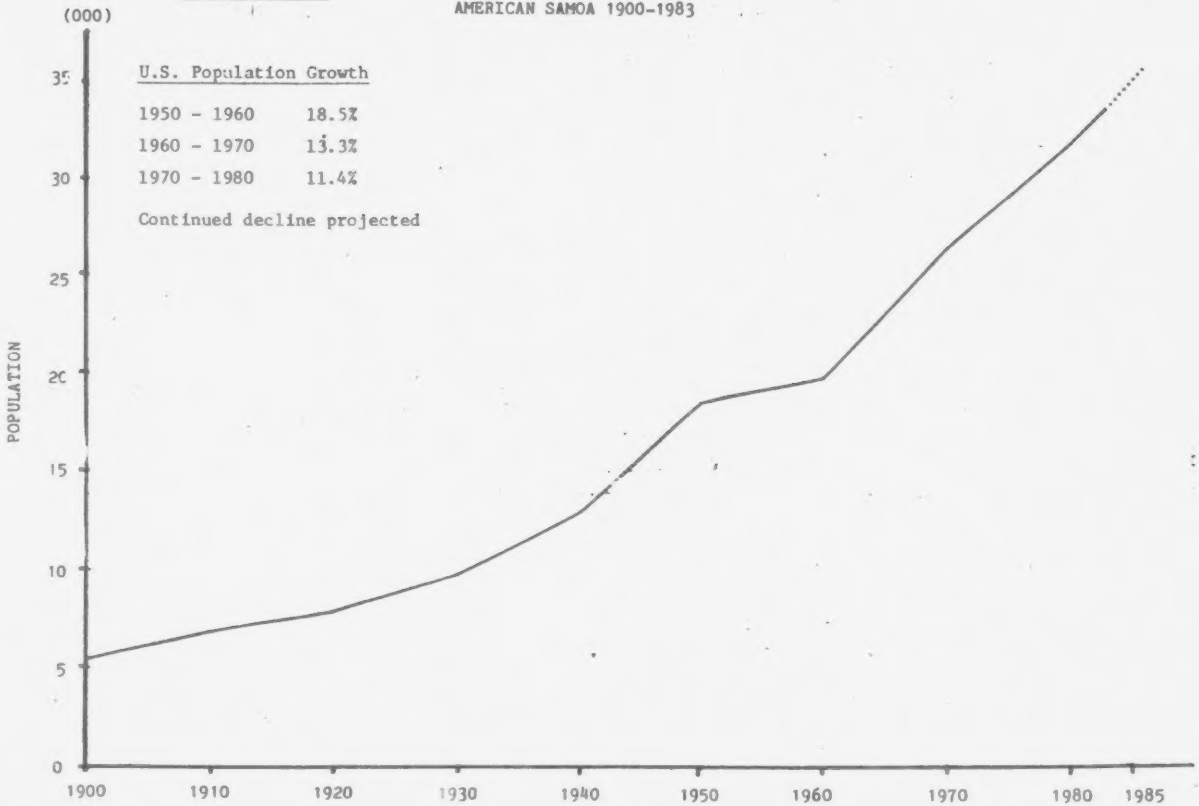
(5) a U.S. Department of Education organizational process to reduce program manager turnover.

Through these recommendations many local education goals become significantly attainable. Of particular concern is the conviction that local capacity development of Samoan Educators translates into improved student achievement scores and a strengthened posture of self-reliance.

Thank you Mr. Chairman.

Attachment I:

MID-YEAR POPULATION ESTIMATES
AMERICAN SAMOA 1900-1983



SOURCE: 1983 Statistical Bulletin,
American Samoa Office of
Economic Development

Attachment 2.

Growth of American Samoa's School System, 1904-1983

Year	Number of Schools	Enrollment	Department of Education			Teacher Certified (Samoan)
			Instructional Staff Total	Samoan	Contract	
1904	1	40	2	-	2	0
1914	2	144	-	-	-	0
1924	19	1,465	36	-	-	0
1934	19	2,280	50	43	7	0
1944	32	2,054	-	-	-	0
1954	55	5,139	185	170	15	2
1961	57	5,151	437	267	170	8
1964	46	6,653	488	293	195	14
1974	31	7,687	560	410	150	47
1980	24	9,896	837	763	74	226
1983	24	10,718	981	955	26	297
1984 (June)						334

Attachment 3.

Samoan Instructional Staff Breakdown

(A)	Bachelors Degrees	150 (20%)
(B)	Masters Degrees	73 (9%)
(C)	Doctorate Degrees	3 (1%)
(D)	Assoc. of Arts	312 (41%)
(E)	Less than Assoc. of Arts	84 (11%)
(F)	Less than H.S	141 (18%)
	Total	763

Five hundred thirty seven (537) or seventy percent (70%) of the total instructional staff of the American Samoa public school system lack a teaching certificate. The minimum requirement for the awarding of a teaching certificate in American Samoa is a bachelors degree from an accredited institution of higher learning.

Statement of Dr. Donnis H. Thompson

I am Donnis Thompson, Superintendent of Education for the State of Hawaii, speaking to you today in my capacity as chairman of the Policy Board for the Pacific Region Educational Laboratory.

This Policy Board was organized in October, 1983, under a planning grant of $50,000 from the National Institute of Education to the Northwest Regional Educational Laboratory, the agency currently designated by NIE as the regional laboratory for the Northwest and the Pacific.

The purpose of the planning grant is to develop a five-year plan for research, development, evaluation, training, dissemination and technical assistance to improve elementary and secondary education programs for the children of the Pacific area.

The Policy Board is composed of the top education officials from American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, the Republic of Palau, the Federated States of Micronesia and Hawaii, and includes from Hawaii, Dr. Andrew In, Dean of the College of Education, University of Hawaii, and Dr. Jim Brough, representing the Bishop Estate and The Kamehameha Schools.

Following our organizational session, the Policy Board met again in December to begin work. At the present time, staff of the Northwest Lab are in the process of compiling a profile, a demographic study of the social, cultural and other characteristics of the population of each jurisdiction. They also are working up a synthesis of all previous studies related to educational problems and issues in these island areas.

Their reports will be presented to the Policy Board at our next meeting this spring, and we will then identify common needs and set priorities for research and technical assistance to be provided by the Northwest Regional Lab.

Even before we receive the reports from the Northwest Lab, we do know that the children of all these Pacific islands have urgent educational needs that cannot be served in isolation. In our informal discussions, we have talked about problems of student achievement, language issues, curriculum concerns, teacher training and other specific needs. We are already benefiting from an exchange of ideas, and I believe that by working together, we are pursuing the most effective approach to providing improved educational services to children throughout the Pacific basin.

This effort would not be possible without the assistance received from the NIE. We appreciate this and will be grateful for your continued support.

STATEMENT OF JOSEPH KEALOHA, CHAIRMAN, BOARD OF DIRECTORS, OFFICE OF HAWAIIAN AFFAIRS

Senator WEICKER. The next panel consists of Joseph Kealoha, chairman of the board of directors, Office of Hawaiian Affairs, Ann Nathaniel, president, board of directors of Alu Like, Winona Rubin, executive director, Alu Like, and Myron Thompson, chair and representative of the Native Hawaiian Education Commission.

So, if we can get the next panel up here, I'm looking forward to their testimony.

Senator INOUYE. Mr. Chairman, before proceeding, I have the privilege and the honor in presenting to you on behalf of the Kamehameha schools and the Bishop estate a Hawaiian gavel made of the milo wood, and the base made of koa. I hope that you will use this Hawaiian gavel, instead of the small, puny ones that we use in conference.

Senator WEICKER. I first of all want to thank those responsible for this lovely gift. I will use this gift—I think you also know my style well enough to know that both Republicans and Democrats can expect to be between the gavel and the base.

Senator INOUYE. This is a poi pounder.

Senator WEICKER. I will put it to good use. This is a poi pounder?

Senator INOUYE. That's right.

Senator WEICKER. Before I'm through it might have another name.

Anyway, I thank you very much, and I look forward to using it in Washington. Thank you.

All right, if we can get to those that are going to testify next, this is Mr. Kealoha. Fine, proceed.

Mr. KEALOHA. Thank you for this opportunity to share our concerns with you today. I'd like to give you some background on our office, our goals, our effort to meet those goals, problems we face, and some possible solutions which you can help provide.

The Office of Hawaiian Affairs is governed by a nine-member board of trustees elected by the Hawaiian voters. OHA was created in 1978 by an amendment to the Hawaii State constitution. The basis for its establishment, however, dates back to our State Admission Act of 1959. The act created a public land trust, the proceeds of which were to be used for five purposes. One of the purposes was the betterment of conditions for native Hawaiians, as defined by the Hawaiian Homes Commission Act, that is, Hawaiians with at least 50 percent quantum Hawaiian blood.

In 1979 the legislature passed act 196 which established the basic structure for the OHA. This act, which was subsequently codified as the chapter 10, HRS, set out the basic purposes, powers, duties, and responsibilities of OHA.

Chapter 10 further established OHA as the principal public agency in the State responsible for the performance and development and coordination of programs and activities relating to the native Hawaiians and Hawaiians. Chapter 10 also mandates OHA to serve as a receptacle for reparations, and to act as a clearinghouse for Federal or State assistance involving Hawaiian programs and projects. OHA is also responsible for advising, informing, and coordinating, Federal, State, and county activities relating to Hawaiian programs.

For your convenience, a copy of chapter 10 is attached as appendix A.

The primary purpose of OHA is the betterment of conditions for Hawaiians. The poor social and economic conditions of Hawaiians is well documented in numerous studies, including volumes I and II of the native Hawaiians study commission report on the native Hawaiian educational assessment project report. Volumes I and II of the native Hawaiians study commission report indicate that Hawaiians suffer significantly higher unemployment than any other residents of the State of Hawaii; higher rates of poverty, incarceration; the highest infant mortality, lower life expectancy, higher incidence of cancer and alcoholism, higher rates of respiratory conditions, such as asthma; higher rates of personality disorders and mental retardation; higher suicide rates.

The native Hawaiian educational assessment project, which we strongly support, finds that Hawaiians have the highest rate of academic and behavioral problems in schools; lower academic achievement; higher participation rates in social welfare programs; lower rates of enrollment in institutions of higher learning; and higher rates of truancy and dropouts than other ethnic groups in the State.

Given these dismal statistics and OHA's broad mandate, our resources have been channeled into three major areas which represent the three major goals of OHA as stated in our master plan: The promotion of social and economic self-sufficiency and self-determination; the preservation and perpetuation of the Hawaiian culture; and increased participation in the democratic process.

Of the three goals, the most relevant to your committee is the promotion of social and economic self-sufficiency and self-determination. Programs under this goal relate to health, human services, education, and economic development. For example, OHA has used Federal funds from the Administration for Native Americans to inventory and analyze human service programs for the purpose of identifying gaps and assessing performance of programs in meeting the needs of Hawaiians. We have sponsored a conference on crime to bring together the many segments of the criminal justice system, in order to make each segment of the system aware of problems and perspectives of the others. OHA is also partially funding a pilot residential alcoholic rehabilitation program for Hawaiian men.

We have contracted with an educational specialist to assist in training instructors who, among other duties, work with Hawaiian children. OHA has also developed a business assistance program and is working on the establishment of a Minority Enterprise Small Business Investment Corp. For your information, attached is a copy of our annual report which contains information on all OHA programs.

[CLERK'S NOTE.—This material is contained in the subcommittee's files.]

Mr. KEALOHA. These programs just touch the surface of the many needs of the Hawaiian people. Much more needs to be done, but the resources to address these needs are very limited. As stated in the attached annual report, OHA received approximately $1.2 million annually as its pro rata share of the proceeds from the public land trust. These are the only program funds currently available and are restricted to programs that benefit those who are at least one-half Hawaiian. At the present time, we received only $78,000 from the Federal Government in the form of a competitive ANA grant.

Our limited budget and the restriction of the type of beneficiaries are major problems for OHA. But these are problems that your committee may help us solve. One possible action to solve both problems is allowing equal access to Federal programs that are available to other native Americans, such as the Indians. There are numerous programs listed in the "Catalog of Federal Domestic Assistance," specifically for Indians, including those for vocational training, health care improvement, self-determination, and education. These programs are based on a "unique relationship conferred upon the Federal Government by the Constitution to deal with the political entities of the aboriginal peoples who had inhabited the area that became the United States prior to European colonization."

The Congressional Research Service memo from which this excerpt is taken further states that: "The same reasoning that we used to infer a trust relationship between the U.S. Government and the Indian tribes would seem to be capable of being applied to the relationship with the native Hawaiians."

OHA is aware of this inequitable recognition and treatment of the Hawaiians as a group of native Americans, and has adopted a resolution urging the Congress of the United States to include native Hawaiians in the definition of native American, and to extend to native Hawaiians eligibility in all programs affected by such definition without prejudice. We further urge Congress to earmark funds specifically for Hawaiians within these native American programs. Equal access to Federal programs would greatly increase the resources available to address needs of Hawaiians.

Services could be provided to more Hawaiians if there were a single definition of native Hawaiian without reference to blood quantum. The U.S. Congress currently uses two definitions of native Hawaiian. Under the Hawaiian Homestead Act of 1920, a native Hawaiian is defined as having at least 50 percent Hawaiian blood, whereas the Native American Programs Act of 1973 defines a native Hawaiian as having any quantum of Hawaiian blood. OHA has taken action to resolve this problem by adopting a resolution urging Congress to establish a single definition of native Hawaiian without reference to blood quantum, and to provide appropriate protections to guarantee the rights and privileges of current Hawaiian homestead beneficiaries.

It is our hope that on this trip you learn of the condition of the Hawaiians, the actions we have taken to help ourselves, and the problems that we still face. We also hope that your return to Washington with a greater awareness and sensitivity to Hawaiian issues, and that you share this new understanding with your colleagues. We realize that to an extent Hawaiians hold the key to their own self-determination and success, but it is also clear that we cannot accomplish this by ourselves, and ask that you and your colleagues help us in our efforts to help ourselves.

Senator WEICKER. Thank you very much, Mr. Kealoha, for your testimony. Your statement will be included in the record at this point.

[The statement follows:]

STATEMENT OF JOSEPH KEALOHA

Thank you for this opportunity to share our concerns with you today. My name is Joseph Kealoha, Chairperson of the Board of Trustees, Office of Hawaiian Affairs (OHA). I'd like to give you some background on our Office, our goals, our effort to meet those goals, problems we face, and some possible solutions which you can help provide.

The Office of Hawaiian Affairs is governed by a nine-member Board of Trustees elected by Hawaiian voters. OHA was created in 1978 by an amendment to the Hawaii State Constitution. The basis for its establishment, however, dates back to our State Admission Act of 1959. The Act created a public land trust, the proceeds of which were to be used for five purposes. One of the purposes was the betterment of conditions for native Hawaiians, as defined by the Hawaiian Homes Commission Act; that is Hawaiians with at least 50% quantum Hawaiian blood. In 1979, the legislature passed Act 196 which established the basic structure of OHA. This act, which was subsequently codified as Chapter 10, HRS, set out the basic purposes, powers, duties, and responsibilities of OHA. Chapter 10 established OHA as the "principal public agency in this State responsible for the performance, development, and coordination of programs and activities relating to native Hawaiians and Hawaiians." Chapter 10 also mandates OHA to serve as a receptacle for reparations and to act as a clearinghouse for federal or state assistance involving Hawaiian programs and projects. OHA is also responsible for advising, informing and coordinating federal, state and county activities relating to Hawaiian programs. For your convenience, a copy of Chapter 10 is attached as Appendix A.

The primary purpose of OHA is the betterment of conditions for Hawaiians. The poor social and economic condition of Hawaiians is well documented in numerous studies, including Volumes I and II of the Native Hawaiians Study Commission Report and the Native Hawaiian Educational Assessment Project Report.

Volumes I and II of the Native Hawaiians Study Commission Report indicate that Hawaiians suffer significantly higher unemployment than other residents of the State; higher rates of poverty and incarceration; the highest infant mortality; the lowest life expectancy; higher incidence of cancer and alcoholism; higher rates of respiratory conditions, such as asthma; higher rates of personality disorders and mental retardation; and higher suicide rates. The Native Hawaiian Educational Assessment Project, which we strongly support, finds that Hawaiians have the highest rate of academic and behavioral problems in schools; lower academic achievement; higher participation rates in social welfare programs; lower rates of enrollment in institutions of higher learning; and higher rates of truancy and dropouts than other ethnic groups in the State.

Given these dismal statistics and OHA's broad mandate, our resources have been channeled into three major areas which represent the three major goals of OHA as stated in our Master Plan: promotion of social and economic self-sufficiency and self-determination; the preservation and perpetuation of the Hawaiian culture; and increased participation in the democratic process. A copy of the summary of our Master Plan is attached as Appendix B.

Of the three goals, the most relevant to your committee is the promotion of social and economic self-sufficiency and self-determination. Programs under this goal relate to health, human services, education, and economic development. For example, OHA has used federal funds from the Administration for Native Americans (ANA) to inventory and analyze human service programs for the purpose of identifying gaps and assessing performance of programs in meeting the needs of Hawaiians. We have sponsored a conference on crime to bring together the many segments of the criminal justice system in order to make each segment of the system aware of problems and perspectives of the others. OHA is also partially funding a pilot residential alcoholic rehabilitation program for Hawaiian men.

We have contracted with an educational specialist to assist in training instructors who, among other duties, work with Hawaiian children. OHA has also developed a business assistance program and is working on the establishment of a Minority Enterprise Small Business Investment Corporation (MESBIC). For your information, attached is a copy of our Annual Report which contains information on all OHA programs (Appendix C).

These programs just touch the surface of the many needs of the Hawaiian people. Much more needs to be done, but the resources to address these needs are very limited. As stated in the attached Annual Report, OHA receives approximately $1.2 million annually as its pro rata share of the proceeds from the public land trust. These are the only program funds currently available to OHA and are restricted to programs that benefit those who are at least one-half Hawaiian. At the present time, we receive only $78,000 from the federal government in the form of a competitive ANA grant.

Our limited budget and the restriction of the type of beneficiaries are major problems for OHA. But these are problems that your committee may help us solve. One possible action to solve both problems is allowing equal access to federal programs that are available to other Native Americans, such as the Indians. There are numerous programs listed in the Catalog of Federal Domestic Assistance specifically for Indians, including those for vocational training, health care improvement, self-determination and education. These programs are based on a:

> unique relationship conferred upon the Federal Government by the Constitution to deal with the political entities of the aboriginal peoples who had inhabited the area that became the U.S. prior to European colonization.

The Congressional Research Service memo from which this excerpt is taken further states that:

> The same reasoning that we used to infer a trust relationship between the U.S. Government and the Indian

> tribes would seem to be capable of being applied to the relationship with native Hawaiians.

OHA is aware of this inequitable recognition and treatment of Hawaiians as a group of Native Americans and has adopted a resolution urging the Congress of the United States to include Native Hawaiians in the definition of Native American and to extend to Native Hawaiians eligibility in all programs affected by such definition without prejudice. A copy of our resolution is attached as Appendix D. We further urge Congress to earmark funds specifically for Hawaiians within these Native American programs. Equal access to federal programs will greatly increase the resources available to address needs of Hawaiians.

Services could be provided to more Hawaiians if there were a single definition of Native Hawaiian without reference to blood quantum. The U.S. Congress currently uses two definitions of Native Hawaiian. Under the Hawaiian Homes Commission Act of 1920, a native Hawaiian is defined as having at least 50% Hawaiian blood; whereas the Native American Programs Act of 1973 defines a Native Hawaiian as having any quantum of Hawaiian blood. OHA has taken action to resolve this problem by adopting a resolution urging Congress to establish a single definition of Native Hawaiian without reference to blood quantum, and to provide appropriate protections to guarantee the rights and privileges of current Hawaiian Homes beneficiaries. A copy of the resolution is also attached (Appendix E).

It is our hope that on this trip you learn of the condition of the Hawaiians, the actions we have taken to help ourselves, and the problems that we still face. We also hope that you return to Washington with a greater awareness and sensitivity to Hawaiian issues and that you share this new understanding with your colleagues. We realize that to an extent Hawaiians hold the key to their own self-determination and success, but it is also clear that we cannot accomplish this by ourselves and ask that you and your colleagues help us in our efforts to help ourselves.

Senator WEICKER. I beg your pardon. Senator Inouye has a question.

Senator INOUYE. Can you inform the committee as to the present status of the question raised by the government of the State of Hawaii as to the constitutionality of OHA?

Mr. KEALOHA. The recent publicity on the legal defense that was raised—actually what happened. Senator, was OHA filed a declaratory judgment in pursuit of entitlement of public land trust settlement, and the State raised the constitutional issue in response to the filing, and we had hoped in a meeting with the Governor that this legal defense would be dropped, but that hasn't occurred.

Senator INOUYE. So the status is the same?

Mr. KEALOHA. Yes.

Senator INOUYE. Is there any indication as to whether the State will pursue that defense?

Mr. KEALOHA. Well, we've filed an amendment to the suit with the judge, so that we could get a summary judgment from the judge for the nonjury type situation and—you know, so you just clear that constitutional issues but raise several other issues, one of which is immunity, and our response to that was the State created OHA and it cannot be immune from themselves for creating OHA.

Senator INOUYE. Thank you very much, I just want to assure you, as I have on many occasions, that the appropriate steps are being taken to make certain that the proper laws of the United States would recognize native Hawaiians and native Americans. We have already received partial recognition—for example, Alu Like receiving Federal funds as a native American organization, so we're getting there.

Mr. KEALOHA. Thank you again, Senator Inouye and Senator Weicker.

Senator WEICKER. Thank you very much.

The next witness is Winona Rubin, the executive director of Alu Like.

STATEMENT OF WINONA RUBIN, EXECUTIVE DIRECTOR, ALU LIKE

Mrs. RUBIN. Senator Weicker, Senator Inouye, on behalf of Alu Like's board, staff, and membership, we'd like to extend our aloha. The president of the board, Ann Nathaniel, is unable to be here because of a sudden death in the family, so she has asked that her statement be included in the proceedings of this hearing.

While I'm reading her statement, knowing that you are attempting to make the best use of the time today, I would like then to have it entered into the record, and also my full statement and appendix A and appendix B.

[CLERK'S NOTE.—Appendices A and B are contained in the subcommittee's files.]

Senator WEICKER. Both statements will be entered into the record in their entirety at this point.

[The statements follow:]

STATEMENT OF WINONA RUBIN

I AM WINONA KEALAMAPUANA ELLIS RUBIN, EXECUTIVE DIRECTOR FOR ALU LIKE, INCORPORATED. MRS. ANN NATHANIEL, PRESIDENT OF THE BOARD OF DIRECTORS FOR ALU LIKE, INCORPORATED, IS UNABLE TO BE HERE TODAY DUE TO A DEATH IN HER FAMILY. SHE HAS ASKED THAT I READ HER TESTIMONY INTO THE RECORD.

IN ORDER TO BE BRIEF, I AM PRESENTING THIS EXTRACT OF A MORE COMPLETE STATEMENT PREPARED FOR YOUR DELIBERATIONS.

ALU LIKE IS THE FIRST HAWAIIAN GRANTEE NATIONALLY OF THE ADMINISTRATION FOR NATIVE AMERICANS, (DHHS) AND THE DIVISION OF NATIVE AMERICAN PROGRAMS, (USDOL). ALU LIKE'S RESEARCH AND DATA COLLECTION ABOUT HAWAIIANS IS THE MOST COMPREHENSIVE IN THE STATE AT THIS TIME. HIGHLIGHTS OF THIS DATA ARE SUMMARIZED IN APPENDIX A - DATA ON HAWAIIANS (INCLUDING TABLE 1 THROUGH 9B) AND APPENDIX B (A BRIEF SUMMARY OF THE ALU LIKE NEEDS ASSESSMENT OF 1976.) BRIEFLY, THE DATA SHOWS THAT COMPARED TO ALL ETHNIC GROUPS IN HAWAII, NATIVE HAWAIIANS EXPERIENCE HIGHER RATES OF UNEMPLOYMENT, POVERTY, WELFARE ELIGIBILITY, INCARCERATION, AND HEALTH PROBLEMS; AND EXPERIENCE LOWER LEVELS OF EDUCATIONAL SUCCESS AND COMPLETION OF DEGREE PROGRAMS.

IF I MAY REFER TO A FEW GRAPHS AND CHARTS WHICH VISUALLY DISPLAY SOME OF THIS DATA, WITH THE ASSISTANCE OF VAN HORN DIAMOND, ASSISTANT DIRECTOR, LET ME QUICKLY REVIEW THE HIGHLIGHTS.

(NOTE: COPIES OF THE CHARTS ARE IN APPENDIX A.)

- o HAWAIIANS COMPRISE APPROXIMATELY 175,000 OR 19% OF THE STATE'S POPULATION (APPENDIX A, TABLE 1)
- o THE NUMBER OF HAWAIIANS IN THE POPULATION ON EACH ISLAND RANGE FROM 15% ON LANAI TO 62% ON MOLOKAI AND NEARLY 100% ON NIIHAU. (APPENDIX A, TABLE 2)
- o APPROXIMATELY 45.3% OF THE HAWAIIANS ARE AGE 19 AND BELOW COMPARED TO 32.2% FOR THE STATE POPULATION (APPENDIX A, TABLE 3)
- o 39% OF THE HAWAIIAN HOUSEHOLDS HAVE 5 OR MORE PERSONS AND 31% OF HAWAIIAN HOUSEHOLDS ARE LIVING BELOW POVERTY LEVELS (APPENDIX A, TABLE 4)
- o 10% OF THE HAWAIIAN ADULTS WERE UNEMPLOYED OR NEARLY TWICE THE STATEWIDE RATE IN 1980 AND THAT RATIO OF UNEMPLOYMENT FOR HAWAIIANS HAS NOT CHANGED SIGNIFICANTLY (APPENDIX A, TABLE 6)

- o ONLY 6.6% OF THE 20,600 MINORITY-OWNED BUSINESSES IN HAWAII ARE OWNED BY HAWAIIANS (APPENDIX A, TABLE 7)
- o ALTHOUGH THE NUMBER OF HAWAIIANS ARRESTED AND CHARGED ARE PROPORTIONATE TO THE HAWAIIAN POPULATION IN THE STATE, THE TOTAL INCARCERATED IS 41%. (APPENDIX A, TABLE 8)
- o APPROXIMATELY 66% OF THE YOUTH IN CORRECTIONAL INSTITUTIONS ARE HAWAIIANS
- o APPROXIMATELY 35-38% OF THE 34,000 HAWAIIANS IN PUBLIC SCHOOLS ARE IN STANINES 1-3 WHICH IS EQUIVALENT TO THE 0-22 PERCENTILE RANGE. (APPENDIX A, TABLE 9-9B)
- o OF LEARNING DISABLED YOUNGSTERS IN THE PUBLIC SCHOOLS APPROXIMATELY 1200 OR 76.5% ARE HAWAIIAN

ADDITIONAL HIGHLIGHTS OF DATA ON HAWAIIANS ARE CONTAINED IN A TWO-PAGE EXTRACT IN APPENDIX A.

I WISH TO EMPHASIZE THAT THE MAJORITY OF HAWAIIANS ARE PRODUCTIVE, CONTRIBUTING AND PROUD MEMBERS OF THE STATE COMMUNITY. HOWEVER, THERE ARE STILL SIGNIFICANT NEEDS TO BE ADDRESSED TO PREVENT MAGNIFYING OF PROBLEMS.

SUBSTANTIAL EVIDENCE LINKS SOME OF THESE NEGATIVE SOCIAL INDICATORS TO THE LACK OF EDUCATIONAL ACHIEVEMENT. OUR COST-BENEFIT STUDY SHOWS THAT "BOTH WELFARE ELIGIBILITY RATES AND CRIMINAL OFFENDER RATES ARE NEGATIVELY CORRELATED WITH EDUCATIONAL ACHIEVEMENT AMONG NATIVE HAWAIIANS."

IN THE ALU LIKE NEEDS ASSESSMENT OF 1976, EDUCATION IS THE TOP PRIORITY OF THE HAWAIIAN COMMUNITY, AND WE BELIEVE THAT EDUCATION IS KEY TO REDUCTION OF THE IDENTIFIED PROBLEMS.

RECOMMENDATIONS

BASED UPON OUR EXPERIENCES IN ADMINISTERING A VARIETY OF PROGRAMS, IN FACILITATING FORUMS FOR EXCHANGE OF INFORMATION AND COMMUNITY PROBLEM SOLVING ISSUES, AND FROM OUR OWN STUDY AND ANALYSIS OF PROBLEMS IN THE HAWAIIAN COMMUNITY, ALU LIKE OFFERS THE FOLLOWING.

1. ALU LIKE IS A GRANTEE OF THE ADMINISTRATION FOR NATIVE AMERICANS, (DHHS) AND THE DIVISION OF INDIAN AND NATIVE AMERICAN PROGRAMS, (USDOL). IN THE ADMINISTRATION FOR NATIVE AMERICANS AND DIVISION OF INDIAN AND NATIVE AMERICAN PROGRAMS LEGISLATION, THE TERM "NATIVE HAWAIIAN" IS DEFINED WITHOUT A QUANTUM FOR BROADEST

APPLICATION TO THOSE IN NEED. WE RECOMMEND THAT THE DEFINITION OF NATIVE HAWAIIAN IN 42 U.S.C. §2991a BE USED CONSISTENTLY IN FEDERAL LEGISLATION FOR NATIVE HAWAIIANS.

NOTE: A SPECIAL EXCEPTION FOR THE HAWAIIAN HOMES COMMISSION ACT MAY NEED TO BE CONSIDERED.

2. FEDERAL AGENCIES COMPILE THEIR INFORMATION ABOUT HAWAIIANS DIFFERENTLY. SOME INCLUDE HAWAIIANS AS NATIVE AMERICANS, OTHERS AS ASIAN/PACIFIC ISLAND PEOPLE, OTHERS AS PACIFIC ISLAND PEOPLE, AND SO FORTH. DATA IS NOT RECORDED IN A COMPARABLE MANNER WITH THE STATE OF HAWAII WHICH MORE ACCURATELY RECORDS MINORITY DATA. CENSUS FIGURES FOR HAWAIIANS REFLECT AN UNDERCOUNT. AS A RESULT, DATA ON HAWAIIANS IS INCOMPLETE AND ACCURATE COMPARISONS/ANALYSES DIFFICULT TO DO. WE RECOMMEND THAT THE FEDERAL AND STATE DEFINITIONS FOR NATIVE HAWAIIANS BE IDENTICAL TO THAT USED IN 42 U.S.C. § 2991a FOR NATIVE AMERICAN PROGRAMS.
3. NEEDS OF NATIVE AMERICANS, SPECIFICALLY NATIVE HAWAIIANS AND URBAN INDIANS, HAVE BEEN ADDRESSED THROUGH THE ADMINISTRATION FOR NATIVE AMERICANS AND THE DIVISION OF INDIAN AND NATIVE AMERICAN PROGRAMS. TRANSFER TO DIVISIONS IN OTHER FEDERAL DEPARTMENTS/AGENCIES WILL BE DISRUPTIVE AND COUNTERPRODUCTIVE. WE RECOMMEND THAT THE NATIVE HAWAIIANS (AND URBAN INDIANS) CONTINUE TO BE ADDRESSED THROUGH THOSE EXISTING AGENCIES.
4. NATIVE HAWAIIANS ARE NOT SPECIFICALLY INCLUDED IN THE INDIAN EDUCATION, VOCATIONAL EDUCATION, ADULT EDUCATION, HIGHER EDUCATION, HANDICAPPED, HOUSING & URBAN DEVELOPMENT LEGISLATION. WE RECOMMEND INCLUSION OF NATIVE HAWAIIANS AS DEFINED IN THE NATIVE AMERICAN PROGRAMS LEGISLATION (42 U.S.C. § 2991a) IN EACH OF THOSE ACTS WITH APPROPRIATE SET ASIDES TO ASSURE ADEQUATE RESOURCES TO STOP AND REVERSE THE NEGATIVE SOCIO-ECONOMIC PROBLEMS.

ALSO, WE STRONGLY SUPPORT THE RECOMMENDATIONS OF THE KAMEHAMEHA SCHOOLS/ BISHOP ESTATE RELATIVE TO THE EDUCATIONAL NEEDS OF HAWAIIANS AND THE VIABLE COURSES OF ACTION.

MAHALO (THANK YOU) FOR THE OPPORTUNITY TO CONTRIBUTE TO YOUR DELIBERATIONS.

STATEMENT OF ANN NATHANIEL

SENATOR WEICKER AND COMMITTEE MEMBERS, ALOHA. I AM ANN NATHANIEL, PRESIDENT OF THE BOARD OF DIRECTORS FOR ALU LIKE, INCORPORATED, A PRIVATE, NON-PROFIT, STATEWIDE COMMUNITY-BASED ORGANIZATION WITH A MEMBERSHIP OF 11,000, WHICH HAS AS ONE OF ITS PUBLIC PURPOSES THAT OF ASSISTING HAWAIIANS TO DEVELOP ECONOMIC AND SOCIAL SELF-SUFFICIENCY. WITH ME IS WINONA RUBIN, EXECUTIVE DIRECTOR OF ALU LIKE, WHO WILL PARTICIPATE IN THIS PRESENTATION.

ALU LIKE, INC. IS FUNDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, THROUGH THE ADMINISTRATION OF NATIVE AMERICANS (ANA) SINCE FY1976, AND IS A GRANTEE OF THE JOB TRAINING PARTNERSHIP ACT (FORMERLY CETA) UNDER THE U.S. DEPARTMENT OF LABOR THROUGH THE DIVISION OF INDIAN AND NATIVE AMERICAN PROGRAMS (DINAP) SINCE FY1978.

ADDITIONAL FUNDS ARE RECEIVED FROM OTHER FEDERAL GRANTS, STATE MATCHING FUNDS, PRIVATE FOUNDATIONS, AND INDIVIDUAL DONORS.

ALU LIKE, INC. CONDUCTED A NEEDS ASSESSMENT SURVEY OF THE NATIVE HAWAIIAN COMMUNITY FROM OCTOBER 1975 THROUGH DECEMBER 1976 IN A STATEWIDE EFFORT TO DETERMINE THE COMMUNITY'S NEEDS AND PRIORITIES. DATA WAS COMPILED FROM EXISTING SOURCES, AREA MEETINGS AND INDIVIDUAL INTERVIEWS TO OBTAIN FIRST HAND PERCEPTIONS IN ORDER TO CAREFULLY DOCUMENT FOR THE FEDERAL GOVERNMENT THE NEEDS AND PRIORITIES OF THE NATIVE HAWAIIAN STATEWIDE COMMUNITY. THIS WAS THE FIRST TIME A SURVEY OF THIS NATURE HAD BEEN CONDUCTED AMONG HAWAIIANS.

THE HAWAIIAN COMMUNITY IN ITS RESPONSES INDICATED THAT EDUCATION IS THE TOP PRIORITY NEED, WITH EMPLOYMENT AND JOB CREATION NEXT IN PRIORITY AND HEALTH, HOUSING, HUMAN SERVICES AND NATIVE RIGHTS CLUSTERED THEREAFTER.

AS PART OF OUR CONTINUING EFFORTS TO MEET THE IDENTIFIED NEEDS OF 175,000 HAWAIIANS IN THE STATE, ALU LIKE HAS COLLECTED AND STUDIED DATA ON HAWAIIAN EDUCATIONAL NEEDS. THESE NEEDS ARE ESPECIALLY SIGNIFICANT WHEN ONE CONSIDERS THAT SCHOOL-AGED CHILDREN (UNDER AGE 19) COMPRISE ABOUT 45% OF THE HAWAIIAN POPULATION WHEREAS ONLY ABOUT ONE-THIRD OF THE STATE POPULATION ARE IN THIS AGE GROUP. ALTHOUGH MORE THAN 21% (ABOUT 34,000) OF THE CHILDREN IN PUBLIC SCHOOLS ARE HAWAIIANS, ONLY 6% OF PUBLIC SCHOOL TEACHERS ARE HAWAIIAN. THERE ARE OVER 30 SCHOOLS WHERE MORE THAN 40% OF THE STUDENT BODY ARE HAWAIIAN AND, IN THESE SCHOOLS, AVERAGE DAYS ABSENT FOR HAWAIIAN STUDENTS HAS BEEN MUCH HIGHER COMPARED TO THE TOTAL STUDENT ENROLLMENT; ALSO, APPROXIMATELY 35% OF THE

HAWAIIAN STUDENTS IN PUBLIC SCHOOLS ARE ACHIEVING AT STANINE 3 OR BELOW (FROM 0-22 PERCENTILE) IN READING AND MATH TEST SCORES COMPARED WITH 24% OF THE PUBLIC SCHOOL STUDENTS IN THE STATE.

A GROWING CONCERN IS THE LARGE NUMBER OF HAWAIIAN YOUTH (ABOUT 2,000 AGED 12-17) WHO ARE UNACCOUNTED FOR AS YET IN MATCHING THE NUMBER IN PUBLIC AND PRIVATE SCHOOLS WITH THE NUMBER OF SCHOOL AGE YOUNGSTERS. THUS, NOT SURPRISINGLY, EDUCATIONAL NEEDS ARE IN TOP PRIORITY.

IN THE ALU LIKE NEEDS ASSESSMENT IN 1976, PARENTS INDICATED THAT SCHOOLS ARE NOT SENSITIVE TO THE NEEDS OF CHILDREN WITH A CULTURALLY HAWAIIAN LIFE-STYLE, AND THAT HAWAIIAN CHILDREN ARE IN NEED OF HEAD-START PREPARATION FOR THE PUBLIC SCHOOLS AS A WAY OF INTEGRATING THEIR CULTURAL ORIENTATION WITH THAT OF THE VASTLY DIFFERENT ORIENTATION IN THE PUBLIC ELEMENTARY SCHOOLS THEY WILL ATTEND.

HAWAIIAN PARENTS HAVE HIGH ASPIRATIONS FOR THEIR CHILDREN; ALMOST UNANIMOUSLY, THE PARENTS FEEL IT IS IMPORTANT FOR THEIR CHILDREN TO FINISH HIGH SCHOOL AND, WHEN ASKED IF THEY WOULD LIKE THEIR CHLDREN TO LEARN HAWAIIAN STUDIES SUBJECTS, OVERWHELMINGLY HIGH PERCENTAGES (93-98%) ANSWERED IN THE AFFIRMATIVE. THE PARENTS CONSIDER ACCEPTABLE CULTURAL APPROACHES IN TEACHING THE BASIC SKILLS AND THE INCLUSION OF HAWAIIAN STUDIES AS AN INTEGRAL PART OF THE CURRICULUM TO BE VERY CRITICAL TO THE SUCCESS OF THEIR CHILDREN.

CONSISTENT WITH THESE IDENTIFIED NEEDS, FIVE YEARS AGO ALU LIKE INITIATED A PILOT PROJECT -- HALAU O HALEIWA -- IN COLLABORATION WITH THE HALEIWA ELEMENTARY SCHOOL, DEPARTMENT OF EDUCATION CENTRAL DISTRICT AND WAIALUA COMMUNITY PARENT'S GROUP. IT FOCUSED ON TEACHING THE BASICS TO ALL KINDERGARTEN THROUGH GRADE 3 STUDENTS THROUGH HAWAIIAN CULTURAL CONCEPTS. THE IMPACT HAS BEEN SIGNIFICANT IN CHANGING THE TEST RESULTS FROM STANINE 1 & 2 TO 3 & 4 AND THE DISTRICT HAS INCORPORATED THE CONCEPT INTO ITS REGULAR PROGRAM AT HALEIWA AND IS DISSEMINATING THE TEACHING MATERIALS ELSEWHERE IN THE DISTRICT. HOWEVER, BUDGET PROBLEMS FOR THE STATE DEPARTMENT OF EDUCATION MAY ENDANGER PROGRAMS SUCH AS THIS.

ALU LIKE VIDEO PRESENTATIONS ON OHANA IN THE FAMILY FEATURING THE LATE KUPUNAWAHINE EDITH KANAKAOLE AND OHANA IN THE CLASSROOM FEATURING MAHEALANI PESCAIA AT A WINDWARD ELEMENTARY SCHOOL ARE ATTEMPTS TO ENCOURAGE THE USE OF CULTURAL APPROACHES IN LEARNING WHICH IMPROVE CLASSROOM MANAGEMENT AND FACILITATE LEARNING FOR HAWAIIAN AND NON-HAWAIIAN STUDENTS ALIKE.

THE DEPARTMENT OF EDUCATION'S HAWAIIAN STUDIES AND KUPUNA (ELDERS) IN THE CLASSROOM PROGRAMS ARE A BEGINNING IN MEETING THE NEEDS OF HAWAII'S YOUNG PEOPLE. YET, THESE PROGRAMS HAVE NOT BEEN GIVEN HIGH PRIORITY FOR BUDGET ALLOCATIONS.

THE EFFORTS OF THE KAMEHAMEHA SCHOOLS/BISHOP ESTATE IN PREPARING THE NATIVE HAWAIIAN EDUCATIONAL ASSESSMENT REPORT AND IN IMPLEMENTING SPECIAL EDUCATIONAL PROGRAMS HAVE ADDRESSED SOME OF THE EDUCATIONAL NEEDS. EVEN THESE EFFORTS HAVE BEEN LIMITED.

THE EDUCATIONAL NEEDS OF HAWAIIANS ARE SIGNIFICANT. THE ATTEMPTS TO ADDRESS THESE NEEDS ARE MINIMAL IN RELATION TO THE MAGNITUDE OF THE PROBLEM.

THE NATIVE HAWAIIAN EDUCATION ASSESSMENT REPORT BY THE KAMEHAMEHA SCHOOLS/BISHOP ESTATE PROVIDES A SOUND BASE FROM WHICH PLANS AND PROGRAMS CAN PROCEED.

ALU LIKE STRONGLY SUPPORTS THE RECOMMENDATIONS OF THE KAMEHAMEHA SCHOOLS/BISHOP ESTATE RELATIVE TO THE EDUCATIONAL NEEDS OF HAWAIIANS AND THE VIABLE COURSES OF ACTION TO ADDRESS IDENTIFIED NEEDS.

ALU LIKE'S EXECUTIVE DIRECTOR WINONA RUBIN WILL CONTINUE WITH OUR PRESENTATION TODAY WITH HIGHLIGHTS OF THE NEEDS ASSESSMENT, PROGRAM ACCOMPLISHMENTS AND RECOMMENDATIONS.

Mrs. RUBIN. Thank you very much.

Also, I included in here some information that would be helpful with the total understanding of the listeners here today. We'll forgo that and take my testimony from this point.

Alu Like is the first Hawaiian grantee nationally of the Administration for Native Americans, Department of Health and Human Services, and the Division of Native American Programs, in the U.S. Department of Labor. Alu Like's research and data collection about Hawaiians is the most comprehensive in the State at this time. Highlights of this data are summarized in appendix A, data on Hawaiians, including tables 1 through 9B, and appendix B, a brief summary of Alu Like's needs assessment of 1976.

Briefly, the data shows that compared to all ethnic groups in Hawaii, native Hawaiians experience higher rates of unemployment, poverty, welfare eligibility, incarceration, and health problems; and experience lower levels of education success and completion of degree programs.

If I may refer to a few graphs and charts which visually display some of this data, with the assistance of Van Horn Diamond, assistant director, let me quickly review the highlights. And these charts are in the appendix A.

Hawaiians comprise approximately 175,000 or 19 percent of the State's population, so the population is a minority in a State of minorities.

The number of Hawaiians in the population of each island ranges from 15 percent on Lanai to 62 percent on Molokai and nearly 100 percent on Niihau. Sixty-eight percent of the Hawaiians in the State, however, live on Oahu.

Approximately 45.3 percent of the Hawaiians are age 19 and below compared to 32.2 percent for the State population.

Thirty-nine percent of the Hawaiian households have five or more persons, and 31 percent of Hawaiian households are living below poverty levels.

Ten percent of the Hawaiian adults are unemployed, or nearly twice the statewide rate in 1980, and that ratio of unemployment for Hawaiians has not changed significantly since.

Only 6.6 percent of the 20,000 minority-owned businesses in Hawaii are owned by Hawaiians.

Although the number of Hawaiians arrested and charged are proportionate to the Hawaiian population in the State, the total incarcerated is 41 percent.

Approximately 66 percent of the youth in correctional institutions are Hawaiians.

Approximately 35 to 38 percent of the 34,000 Hawaiians in public schools are in stanines 1 to 3 which is the equivalent to the zero to 22 percentile range.

Of learning disabled youngsters in the public schools, approximately 1,200 or 76.5 percent are Hawaiian.

Certain additional highlights of data on Hawaiians are contained in the two-page extract in appendix A. And the additional information there is all in chart form for you in the appendix A.

I wish to emphasize that the majority of Hawaiians are productive, contributing, and proud members of the State economy. However, there are still significant needs to be addressed to prevent magnifying the problems.

Substantial evidence links some of these negative social indicators to the lack of educational achievement. Our cost-benefit study shows that "both welfare eligibility rates and criminal offender rates are negatively correlated with educational achievement among native Hawaiians."

In the Alu Like needs assessment of 1976, education was the top priority of the Hawaiian community, and we believe education is key to the reduction of the identified problems.

Based upon our experiences in administering a variety of programs, in facilitating forums for exchange of information and community problem solving issues, and from our own study and analysis of problems in the Hawaiian community, Alu Like offers the following:

One, Alu Like is a grantee of the Administration for Native Americans, and the Division of Indian and Native American Programs. In the Administration for Native Americans and the Division of Indian and Native American Programs legislation, the term native Hawaiian is defined without a quantum for broadest application to those in need. We recommend that the definition of native Hawaiian in 42 United States Code section 2991a be used consistently in Federal legislation for native Hawaiians. A special exception for the Hawaiian Homes Commission Act may need to be considered.

No. 2, Federal agencies compile their information about Hawaiians differently. Some include Hawaiians as native Americans, others as Asian/Pacific island people, others as Pacific island people, or so forth. Data is not recorded in a comparable manner with the State of Hawaii, which more accurately records minority data. Census figures for Hawaiians reflect an undercount. As a result, data on Hawaiians is incomplete and accurate comparisons and analyses are difficult to do. We recommend that the Federal and State definitions of native Hawaiians be identical to that used in 42 United States Code section 2991a for native American programs.

Three, needs of native Americans, specifically native Hawaiians and urban Indians, have been addressed through the Administration for Native Americans and the Division of Indian and Native American Programs. Transfer to divisions in other Federal departments and agencies will be disruptive and counterproductive. We recommend that the native Hawaiians and urban Indians continue to be addressed through those existing agencies.

No. 4, native Hawaiians are not specifically included in the Indian education, vocational education, adult education, higher education, handicapped, housing, and urban development legislation. We recommend inclusion of native Hawaiians as defined in the native American programs legislation in each of these acts with appropriate set-asides to assure adequate resources to stop and reverse the negative socioeconomic problems.

Also, we strongly support the recommendations of the Kamehameha schools, Bishop estate relative to the educational needs of Hawaiians, and the viable courses of action.

Mahalo for the opportunity to contribute to your deliberations.

Senator WEICKER. Thank you very much. I think you do contribute. I think clearly the breakdown you represented here has graphically portrayed the community as a whole, more particularly those matters that relate to the native Hawaiians.

Senator INOUYE. I'm glad that we have had the opportunity to hear from the native Hawaiian community, because it is essential that the Congress understand the problem. I'm hoping that in our consideration of Kinau Kamalei's report these same statistics will be presented, because I think they are very important. Thank you very much.

Senator WEICKER. Thank you very much.

Now, we have as our next witness Myron Thompson.

The committee has been impressed by the efforts of Senator Inouye and his staff to make our visit a pleasurable one, but in addition, Myron, the staff of the Kamehameha schools has been enormously helpful to the committee, to the staff, to the Senator. I'd like to publicly thank you.

STATEMENT OF MYRON THOMPSON, CHAIR AND REPRESENTATIVE, THE NATIVE HAWAIIAN EDUCATION COMMISSION

Mr. THOMPSON. Thank you very much, Mr. Chairman, it's really been a pleasure for us also.

Good morning, Mr. Chairman, Senator Inouye. I'd like to thank you for this opportunity to appear before you and your committee, and for your support of the people of Hawaii and in particular the native Hawaiians.

My name is Myron Thompson. I am here to discuss the need to target Federal funding for the education of native Hawaiian children. I have provided detailed written testimony for your committee. My remarks, now, will summarize my testimony.

Early last year I was asked by the Secretary of Education, Terrel Bell, to serve as chairman of the Executive Steering Committee for the native Hawaiian educational assessment project. The purpose of this project, requested by your committee, was to quantify the severity and scope of the educational needs of native Hawaiians, and to determine what could be done to improve the situation.

Our final report was presented to Secretary Bell in March 1983. Mr. Chairman, I'd like to take this opportunity to introduce some of the people who are responsible for helping us develop this report.

To my right is Dr. Ben Young. Dr. Young is on the faculty at the University of Hawaii School of Medicine. To my left is Dr. Pauline King. Dr. King is a history professor at the University of Hawaii. And next to Pauline is Dr. Hamilton McCubbin. Dr. McCubbin, we hope, is on short leave to the University of Minnesota, we hope to get him back soon. There are other people; I'd just like to get back and name them. Mr. Uri Brennan from Cornell University. Mrs. Harriet Hock, who's a classmate of mine, who decided to go back and become a lawyer, now a Honolulu attorney at this point in time. Tom Cook, with the University of Hawaii. Dr. Cook just received a national award. Dr. Frank Ryan, an Indian presently with the White House staff. Dr. Robert Sweet, he's also with the White House staff presently.

We found that the native Hawaiians as a group are at risk, as you've just heard, virtually from birth. Hawaiian children are hampered in their development by numerous barriers and conditions that contribute to their low educational achievement.

We have isolated three categories of need in our report and I'd like to share those needs with you.

In the area of standardized achievement scores Hawaiian students in the public school system score below parity in the national norms in reading and math.

No. 2, in the area of special education needs, native Hawaiians face a wide array of economic, physical, and mental health, social and institutional problems—we have explored that already—which influence their academic achievement. I'd like to refer to figure 3 and it does show the disparity between the kind of difficulties in comparison to the size of population.

Area three has to do with the culturally-related academic needs. We have found that Hawaiians have increasingly become strangers in their own land, and virtually lost the remnants of their values, lifestyle, language, and beliefs. This loss is manifested in depression, self-disparagement, and inferior scholastic achievement.

I want to emphasize that although we have been able to define these separate areas of need, each of the three categories is only part of the whole picture. For example, poor achievement on a standardized test is often a manifestation of self-disparagement, which results from depression, which may be caused by poor health. The problems are inter-related, and the solutions must be likewise: Comprehensive, and coordinated. Our report includes many recommendations for systematic and coherent tapping of existing legislation to institute programs which we feel will address these problems. Each of the programs we are recommending has established a record of effectiveness in the three approaches, preventive area, remedial area, and a prospective area.

I'd like to refer you to figure 4, outlining the basic recommendations that we make, which are outlined according to the approach by particular programs, with reference to existing law as well as the amount of funding that seems to be required.

Our first recommendation calls for the creation of a child and family resource center program. Such a program was developed under the administration for children, youth, and families, but could be sponsored by Federal legislation, including the Education for the Handicapped Act.

I am submitting excerpts from a 1979 General Accounting Office report to the Congress, which indicates that an investment in early preventive efforts reduces the need for Government spending in the long term.

Second, we are recommending funds for a Pacific region educational research laboratory. You just heard about that from Dr. Thompson. We are pleased that this laboratory is already in the formative stages, thanks to the support of this committee, in particular Senators Hatfield and Inouye, and to funding by the National Institute of Education. We look forward to continuing Federal assistance in developing this critical endeavor.

Our third recommendation is for support of public schools training now being conducted by the Kamehameha schools, Bishop estate. About 40 percent of the annual education expenditures of our private school is devoted to the improvement of public education in Hawaii. An important means of assisting public schools to better develop Hawaiian children is the Kamehameha elementary program, better known as KEEP. I have submitted the introduction of a Ford Foundation evaluation of KEEP, and from the Congressional Record citing two programs as having potential value on a national scale. Our recommendation proposes that the Federal Government join with us in supporting the dissemination of this successful program in the public schools.

Recommendations four and five call for tutoring, counseling, or cultural studies that are very similar to the program conducted under the Indian Education Act. We have found, especially through our work with Navajos in Rough Rock, Ariz., that there are many similarities between the needs of native Hawaiian and Indian children.

Our sixth and seventh recommendations are for job skills training, higher education scholarships. We are seeking set-asides in the Vocational Education Act, the Adult Education Act, and Higher Education Act to support such programs.

The total annual cost for the set of programs we are recommending is well under $5 million. With the assistance of such a range of programs we foresee a time when Native Americans will no longer require special assistance.

In summary, the problems of native Hawaiians are many and they are complex. Attempts to resolve these problems will require a broad base of support coming from Federal, State, and local sources.

The Kamehameha schools, Bishop estate expect to participate in the development, funding, and implementation of the programs to help our children and to assume a proper measure of responsibility for dealing with these concerns. Furthermore, we know of other private institutions that are willing to support these programs. We believe that the establishment of such a Federal, State, and private partnership is in keeping with our Nation's philosophy of private sector participation in the provision of human services.

Chairman Weicker, I would like to thank you, as well as Senator Inouye, as well as other members of your committee, for your interest and attention to this matter. I hope that the information I have shared with you assists you in providing legislative actions which will prove beneficial to children who are at risk.

We on the panel here are pleased to answer any questions you may have.

Senator WEICKER. Senator Inouye.

Senator INOUYE. I don't know where to begin, but I'd like to publicly thank the Kamehameha schools, Bishop estate, for the role they have played in assuring that children, native Hawaiian children, receive a better break in life. And your study is being carefully considered, as far as implementing legislation. I can assure you that at the appropriate time they will be introduced. So I thank you very much.

Mr. THOMPSON. Thank you, Senator Inouye. Thank you again, Senator Weicker.

Senator WEICKER. Tell me now, it seems to me that if the Bishop estate, Kamehameha schools are carrying forth in this area, what is expended by the private sector in this regard, which you represent?

Mr. THOMPSON. Presently we're expending 40 percent of our budget expenditures in the area of assisting our public school system. That's our present expenditure. In 10 years, we anticipate 70 percent of that budget will be in the private sector. We believe that in order to move a race of people, the Hawaiian people, the area of implementation should be in our public school system where there are 80 percent of the youngsters being served.

Senator INOUYE. What does the figure 40 percent represent in dollars?

Mr. THOMPSON. It represents a number of community development programs with the Department of Education, as well as other private organizations. It also represents 10 years of research that we did to develop the reading program that we are attempting to implement at this time. In regard to that limitation we are in five public schools with this program at this point in time. And the cost I have on this in this budget is a little over $800,000, is what it's costing us to implement the programs, to do it within the public school system. If you see yourselves being able to put up $800,000 we can service another 10 schools.

Senator WEICKER. And the matter which you raise in your testimony, you say that the annual cost would be $5 million?

Mr. THOMPSON. To begin with, yes.

Senator WEICKER. And an additional $5 million?

Mr. THOMPSON. Yes; for instance, in the area of scholarships and adult education training programs, presently we're expending $450,000 in scholarships with youngsters within this community and we're asking for another $450,000 here. It would be considered as a match, I would hope.

Senator WEICKER. Sounds to me like this State is very fortunate to have you people operating in it, in terms of laying the groundwork for what has to be done over the longer period of time. I see your first recommendation on child and family resource centers, a program under the administration for children, youth, and families, which would be funded by other Federal legislation through the Education for the Handicapped Act, and submitting excerpts of the 1979 General Accounting Office report to the Congress, which indicated an investment in early preventive efforts reduced the need for Government spending in the long term.

Now, I can attest personally to a far more difficult situation than yours. I have a retarded child, and he's the beneficiary of what is called early intervention. And from a cost-benefit basis, we now know the state of the art to be that the investment in education with him, literally starting at the age of 3 months, is going to enable him to be mainstreamed, and he's not going to be a concern of the taxpayers, but rather go his own way and be a useful member of our American society. So, that is the state of the art. I'm not just talking about the retarded, I'm talking about special situations with economically disadvantaged people and special problems of native Americans: The investment that we make early on, believe me, is going to save everybody a great deal of money and have a happy result to the individual involved.

Mr. THOMPSON. I'm very glad to hear this. I'm also very glad to hear that your son is helped through this kind of problem. We felt this for quite some time. What we're saying is now we want it targeted.

Senator INOUYE. Mr. Chairman?

Senator WEICKER. Dan?

Senator INOUYE. Since the testimony will be studied by the staff and by most members of the committee, I think it may be helpful at this stage if you would briefly tell us what the Kamehameha schools, Bishop estate is all about, and then I think the committee can understand why you have this special interest.

Mr. THOMPSON. Yes; the school was created by Bernice Pauahi Bishop and her total holdings of land went to support two institutions that she designed at that time. One school was for girls and one school was for boys. Since that time we've provided educational opportunities for a limited amount of young people. More recently, though, we have become very concerned about how this institution can expand the overall educational system so that all the children of Hawaii, and in particular 80 percent of the youngsters in the public school system could benefit from improvement of educational opportunities.

So it started back 10 years ago and we targeted it in 1980. We said we are going to move our resources, we're going to maintain a quality school here for the amount of youngsters we have come into this school, but we're going to shift our emphasis and go out to the community to address the needs of the 80 percent who are out there, along with the community agencies, and in particular the Department of Education. So, that's the philosophy we have.

Senator INOUYE. So, 80 percent of the native Hawaiian children are in public schools and 20 percent in the Kamehameha schools?

Mr. THOMPSON. No; 4 percent are in our school, the other 16 percent are in other private schools. I don't worry about them, they can hack it.

Senator INOUYE. You handle 4 percent, but 80 percent are out in the public sector?

Mr. THOMPSON. That's correct, Senator.

Senator INOUYE. How does your school fare in the statistics?

Mr. THOMPSON. They fare quite well when you compare it to other youngsters here, even though the Hawaiians are at the lower end of the upper scale, and so attention needs to be paid there. Also we hope to have some of that attention in our school, itself.

Senator INOUYE. But the students of your school do better than the native Hawaiian students in the public school system?

Mr. THOMPSON. Oh, yes, they do much better.

Senator WEICKER. I must confess I'm impressed, you know, with the enlightenment of the policy of the Kamehameha schools in the interest of the public sector. The public sector might take advantage of it. I don't think I know of another example like this, insofar as private foundations or private schools are concerned. It's fantastic, it really is.

I have no further questions at this time, Dan.

Senator INOUYE. No.

Mr. THOMPSON. Thank you again.

Senator INOUYE. Mr. Chairman, at a later time, if committee members wish to submit questions to witnesses, can they do that?

Senator WEICKER. They certainly can: the record will be left open for all members of the committee, even those not here to submit questions and have responses for the record. Your statement will be included in the record at this point, Myron.

Mr. THOMPSON. Thank you.

Senator WEICKER. Thank you.

[The statement follows:]

STATEMENT OF MYRON THOMPSON

Good afternoon Mr. Chairman and members of the committee. My name is Myron Thompson. I am a trustee of The Kamehameha Schools/Bishop Estate, an educational institution in Honolulu, established in 1887 for the purpose of educating children of native Hawaiian descent. I am here today to discuss the need to target federal funding for the education of native Hawaiian children. I have provided written testimony for your committee that includes considerable detail. My remarks, now, will summarize my testimony.

Early last year I was asked by Secretary of Education Terrel Bell to serve as chairman of the Executive Steering Committee for the Native Hawaiian Educational Assessment Project. This project, requested by your committee, involved a one-year study of the educational needs of native Hawaiian children from birth to age 18. The final report of this project was presented to Secretary Bell in March of this year.

Specifically, Mr. Chairman, the Native Hawaiian Educational Assessment Project was established because persons of native Hawaiian ancestry do not perform as well as their non-Hawaiian counterparts. The purpose of the project was to quantify the severity and scope of the problem and to determine what could be done to improve the situation of the Hawaiians. The study focused primarily on educational needs, having been designed on the premise that education, beginning particularly with the very young, is the best and most important means for changing and improving an individual's economic and social self-sufficiency.

Through this comprehensive survey, we found that native Hawaiians are a group at risk, virtually from birth. Hawaiian children are hampered in their development by numerous barriers, which include susceptibility to a wide array of physical health disorders and disabilities; poor mental health; low socioeconomic status; alienation from the major institutions in our society; cultural barriers and differences; and rural surroundings which are often deficient in services and facilities.

These conditions all contribute to shaping a group of children that has low educational achievement. We isolated three categories of need in our report. Briefly, they are:

1) **Standardized achievement needs:** Hawaiian students in our public school system score below parity with national norms in reading and math. (Refer to Figure 1: Need = Parity with National Norms.) They, as native Americans, and one of the four largest population groups in Hawaii, are at the bottom of most measures of educational achievement. (Refer to Figure 2: Need = Parity with Highest Local Group.)

2) **Special education needs:** Native Hawaiians face a wide array of economic, physical and mental health, social, and institutional problems which influence their academic achievement. (Refer to Figure 3: Special Educational Needs.) They are grossly overrepresented on some 32 indicators of special educational needs, including rolls of: the learning and physically disabled; substance abusers; excessive absentees; abused children. Moreover, Hawaiians have a life expectancy that is from 5-10 years shorter than others in Hawaii.

3) **Culturally-related academic needs:** As Hawaii's economy boomed in the twentieth century, Hawaiians increasingly became strangers in their own land, and virtually lost remnants of their values,

lifestyle, language and beliefs. (Refer to Figure 4: Culture Loss/Stress Syndrome.) This loss has manifested in depression, self-disparagement and inferior scholastic achievement.

I want to emphasize that although we have been able to define these separate areas of need, each of the three categories is only part of the whole picture. For example, poor achievement on a standardized test is often a manifestation of self-disparagement, which results from depression, which may be caused by poor health. Thus, the problems are inter-related, and the solutions must be likewise, comprehensive and coordinated.

Now that we have defined the problems and needs of Hawaiian children, we are anxious to move ahead with solutions. Our report includes many recommendations which we feel address the problems we defined. Because the problems are so wide-ranging, the solutions must be inclusive. Therefore, we have put a great deal of effort into searching for existing programs at the federal, state, and local levels that will address these needs.

The set of programs we are recommending meet the requirement of being inclusive, and each has established a record of effectiveness and support through existing legislation. Thus, we are not recommending new legislation, rather, we are recommending that existing legislation be tapped in a systematic, coherent manner.

This set of programs, identified as the most needed by Hawaiian students, are aimed primarily at improving basic educational skills. They represent three necessary approaches: Preventive, Remedial, and Prospective. (Refer to Figure 5: Recommended Programs.)

Primary preventive efforts begin in infancy, and the recommended program, one which has received strong positive evaluation from the General Accounting Office, is the Child and Family Resource Center program. This type of program was developed under the auspices of the Administration for Children, Youth and Families, but, as an early education effort, could be supported by other federal legislation, including the Education of the Handicapped Act. I would like you to know that another private agency, The Queen Liliuokalani Trust, has agreed to work in partnership with The Kamehameha Schools and the federal government in these preventive early childhood programs. Mr. Chairman, I have submitted, along with my written testimony, a letter from The Queen Liliuokalani Trust stating this commitment.

Remedial efforts to address existing problems of low educational achievement must begin with effective research and development through a regional laboratory. We are pleased that a Pacific Region Educational Laboratory is already in its formative stages, thanks to discretionary funds released by the director of the National Institute of Education. We look forward to continuing federal assistance in developing this critical endeavor.

Other recommended remedial efforts are very similar to programs conducted under the auspices of the Indian Education Act. We are and will be pursuing legislation to authorize native Hawaiian participation under the Indian Education Act.

We have found that there are many similarities between the problems of native Hawaiian children and those of Indian children. We are presently collaborating with Navajo Indians in Rough Rock, Arizona, to determine if the methods of program develoment used by our institution can be used effectively by them. The results are positive and we hope to be involved further with other native American groups. Mr. Chairman, I have submitted for the record a resolution adopted recently by the Rough Rock School District, Inc. praising this collaborative effort. Of course, we do not wish to ask the other Native Americans to share with us their already limited funds. Instead, we will be asking for increased appropriations for the Indian Education Act.

Prospective programs are those which look towards the future, which aim to prepare Hawaiian students for the challenges and competition which lie beyond basic schooling. We are recommending programs for job skills training and scholarships for higher education. At the federal level, we are seeking set-asides in the Vocational Education Act, the Adult Education Act, and the Higher Education Act to support such programs.

The total annual cost for the set of programs we have recommended is well under five million dollars. The implementation of any one of these programs would help, but the implementation of the set of programs could, we believe, provide the impetus necessary to actually solve the problem. With the assistance of such a range of programs we foresee a time when native Hawaiians will no longer require special assistance.

Two crucial steps need to be taken for federal legislative support. First, existing legislation needs to be amended to enable native Hawaiians to participate in set-aside funding. Second, sufficient funding for these programs needs to be appropriated.

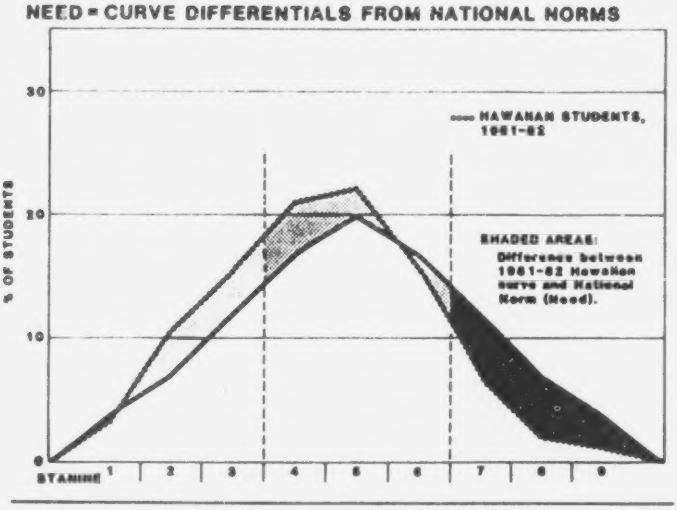
Mr. Chairman, this concludes my discussion of the educational needs of native Hawaiians and of our recommendations for programs that will address these needs. In summary, the problems of native Hawaiians are many and they are complex. Attempts to resolve these problems will require a broad base of support coming from federal, state and local sources.

I want to point out that The Kamehameha Schools/Bishop Estate is committed to the education and advancement of children of native Hawaiian ancestry. We fully expect to participate in the development, funding, and implementation of programs to help our children, and thereby assume a proper measure of responsibility for dealing with these concerns. We believe the establishment of such a federal, state and private partnership is in keeping with our nation's philosophy of private sector participation in the provision of human services.

Senators, I hope that the information we have shared today will assist you in taking action which will lead to the creation of educational programs that will prove beneficial not only to the children of Hawaiian descent, but also to all children who are at-risk.

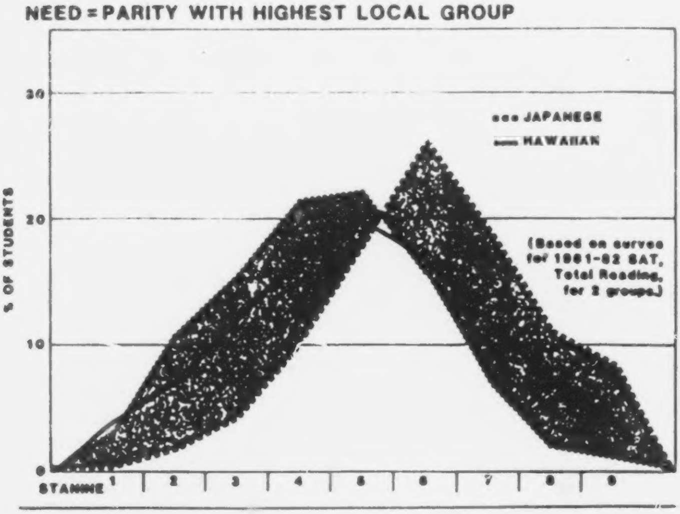
Thank you Mr. Chairman and members of the committee for your interest and attention to this matter. I will be pleased to answer any questions you may have.

Figure 1



NEED = CURVE DIFFERENTIALS FROM NATIONAL NORMS

Figure 2



NEED = PARITY WITH HIGHEST LOCAL GROUP

Figure 3

Percent Distribution by Ethnic Group for 16 Special Education Diagnoses, State of Hawaii Public Schools, 1980-1981

	PERCENT OF TOTAL SCHOOL ENROLLMENT	PERCENT OF SPECIAL EDUCATION ENROLLMENT	SPECIFIC LEARNING DISABILITIES (N = 7,396)	SPEECH IMPAIRED (N = 1,816)	MENTALLY RETARDED: EDUCABLE (N = 639)	MISSING DIAGNOSTIC LABEL (N = 639)	MENTALLY RETARDED: TRAINABLE (N = 359)	SEVERELY EMOTIONALLY DISTURBED (N = 359)	ORTHOPEDICALLY HANDICAPPED (N = 172)	HARD OF HEARING (N = 141)	PRESCHOOL LEARNING IMPAIRED (N = 139)	SEVERELY MULTIPLY HANDICAPPED (N = 136)	DEAF (N = 130)	MENTALLY RETARDED: SEVERELY (N = 84)	PARTIALLY SIGHTED (N = 27)	MENTALLY RETARDED: PROFOUNDLY (N=27)	BLIND (N = 20)	DEAF AND BLIND (N = 10)
Percent of Special Education Enrollment			60.1	14.8	6.9	5.2	2.9	2.9	1.4	1.2	1.1	1.1	1.1	.7	.2	.2	.2	.1
Caucasian	24.5	25.2	13.7	30.5	18.5	34.7	24.8	39.6	25.0	21.2	20.1	22.1	20.0	15.5	27.6	14.8	25.5	20.0
Hawaiian	20.4	31.8	36.4	23.4	30.0	22.6	17.8	24.8	24.0	26.9	31.0	24.3	33.1	20.3	22.2	25.9	15.0	30.0
Japanese	18.7	9.6	7.6	16.2	8.3	8.1	17.0	7.2	17.4	12.1	7.2	8.1	10.0	26.2	7.4	18.5	15.0	20.0
Filipino	18.7	15.4	14.4	13.8	24.3	13.6	20.9	13.4	9.3	24.1	15.8	19.1	18.5	25.0	22.2	14.8	40.0	10.0
Chinese	3.8	2.2	2.0	3.0	1.8	1.7	5.0	1.7	4.1	.7	2.9	5.1	3.1	3.6	0.0	3.7	0.0	0.0
Samoan	3.2	4.8	5.2	2.8	8.5	3.8	5.8	1.1	5.8	5.7	2.9	2.9	3.1	1.2	3.7	7.4	0.0	0.0
Hispanic	2.0	3.5	3.9	2.3	3.5	3.3	3.3	3.6	4.1	3.8	4.3	5.1	3.8	1.2	0.0	0.0	0.0	10.0
Korean	1.8	1.0	.8	1.7	.6	.6	1.1	2.2	2.3	.7	2.2	2.9	2.3	0.0	0.0	3.7	0.0	0.0
Black	1.4	1.7	1.6	1.4	1.5	3.3	1.1	1.9	0.0	1.4	5.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0
Other	5.3	4.8	4.6	5.0	2.8	6.3	2.8	4.5	7.0	4.2	8.6	10.3	4.7	6.2	14.8	3.1	0.0	10.0
Percent of School Enrollment			7.5	4.5	1.1	.5	.4	.2	.2	.1	.1	.1	.1	.1	.1	—	—	—

Source: Data obtained from State of Hawaii Department of Education, 1982.

Figure 4

THE CULTURE LOSS/STRESS HYPOTHESIS

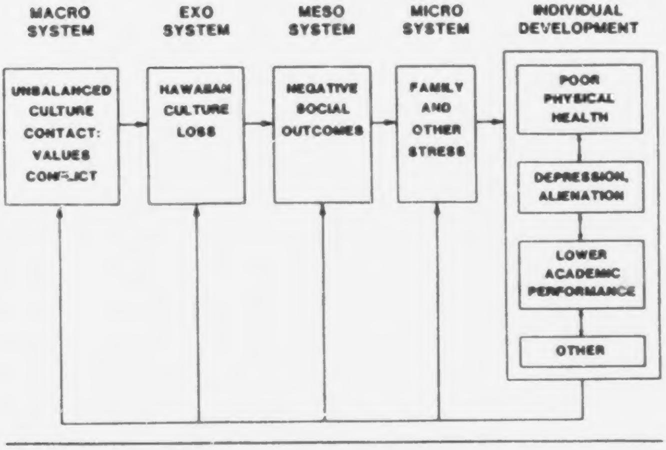

MACRO SYSTEM
EXO SYSTEM
MESO SYSTEM
MICRO SYSTEM
INDIVIDUAL DEVELOPMENT
UNBALANCED CULTURE CONTACT: VALUES CONFLICT
HAWAIIAN CULTURE LOSS
NEGATIVE SOCIAL OUTCOMES
FAMILY AND OTHER STRESS
POOR PHYSICAL HEALTH
DEPRESSION, ALIENATION
LOWER ACADEMIC PERFORMANCE
OTHER

Figure 5

RECOMMENDED PROGRAMS TO IMPROVE NATIVE HAWAIIAN BASIC EDUCATIONAL SKILLS

MAJOR PROGRAM	RECOMMENDED PROGRAM	SUB-PROGRAMS	ESTIMATED FUNDING REQUIREMENTS	POTENTIAL FUNDING SOURCES
PREVENTIVE	1. CHILD AND FAMILY RESOURCE CENTERS	a. Teenage pregnancy prevention b. Prenatal c. Perinatal d. Infant/Toddler e. Preschool f. Health/Fitness/Nutrition g. Screening Services h. Interagency networking	$900,000	EDUCATION FOR THE HANDICAPPED ACT ADMINISTRATION FOR CHILDREN, YOUTH & FAMILIES
REMEDIAL	1. PACIFIC REGIONAL EDUCATIONAL LABORATORY	a. Technical Assistance b. Needs Assessment & Program Evaluation c. Cultural Research d. Materials Development	$500,000	NATIONAL INSTITUTE OF EDUCATION
	2. KEEP TEACHER TRAINING	a. Educational Personnel Development b. School Consultation c. Curriculum Development	$838,750*	INDIAN EDUCATION ACT
	3. TUTORING/COUNSELING	a. Elementary b. Intermediate c. High School d. Educational Material Development	$900,000	
	4. CULTURAL STUDIES	a. Hawaiian Studies b. Multi-cultural studies c. Television and other media efforts	$610,000	
PROSPECTIVE	1. JOB SKILLS TRAINING	a. Non-traditional Classroom b. Vocational Training c. Outreach Counseling	$390,000	VOCATIONAL AND ADULT EDUCATION
	2. SCHOLARSHIPS	a. Undergraduate b. Graduate & Professional	$454,000*	HIGHER EDUCATION ACT

* Indicates Matching Funds Provided by The Kamehameha Schools/Bernice P. Bishop Estate

STATEMENT OF DR. GREGORY ASHTON, DEPARTMENT OF GENETICS, SCHOOL OF MEDICINE, UNIVERSITY OF HAWAII

Senator WEICKER. We have one more panel: Dr. Gregory Ashton, department of genetics, school of medicine, University of Hawaii; Dr. Larry Piette, executive director, cancer center of Hawaii, University of Hawaii; and Dr. Ben Young, school of medicine, University of Hawaii. We're inching toward our takeoff time to Molokai, so please proceed in any way you see fit. I'm looking forward to this testimony, it's one of the areas which brought the committee to Hawaii. So, you might be last, but you're certainly no less one of the objectives of this committee.

Proceed.

Dr. ASHTON. Thank you. Mr. Chairman, staff members, a survey from the State of Hawaii Department of Health in 1981 estimated there were 73,000 individuals in this State who were experiencing family, employment, and/or legal problems with alcohol. This is a significant proportion of the adult population, and probably many more are not admitting to these problems that we fight.

If we define abuse of alcohol as the consumption of 2 or more ounces of pure alcohol a day on the average, which is a pint of wine or a six-pack of beer or four or five shots of scotch or whatever your preference is, then approximately 1 in 6 of the population abuses alcohol and may be in need of treatment.

While not restricted to any particular ethnic group in Hawaii, native Hawaiians may have more problems than some other of our groups. Studies have shown that native Hawaiians are subject—as you've heard in testimony today—to a variety of problems, such as ones studied in native Americans. And I have listed some of them in my testimony.

You have heard other testimony today, and this is a fact which we are hoping to understand better; if one looks at the consumption figures which I have given to you in my testimony, you will see that Caucasians and native Hawaiians drink a lot more than some of the other ethnic groups here, such as the Orientals and the Filipinos. Yet, in treatment centers, alcohol treatment centers, native Hawaiians are very much underrepresented. From this one can conclude that either they don't suffer from alcoholism, which seems unlikely, or that there are other factors which prevent them taking advantage of those particular facilities.

The study which we are proposing is essentially an interdisciplinary study, and it differs in that this, as far as we know, is one of the few interdisciplinary studies which have been proposed. It involves psychologists, physiologists, geneticists, and other disciplines.

And we are proposing to take on the problems by looking at the two major areas within alcohol consumption. Obviously, if one doesn't drink, one is not going to become a drunk driver. And if one doesn't drink, one is not going to become an alcoholic. We see consumption as a primary consideration.

There are two major areas which we wish to look at, and we're proposing the appropriate field agencies study the development of the cultural factors. Among these my colleagues believe that such factors as environmental stress, coping with the pattern of the culture, the family support system, the kind of personality, are important. We propose that these be examined also for genetic differences.

It is well known, for example, that Japanese people have enzymes which are variable in the technical sense from those found in the Caucasian population, and the well known reaction in some Orientals that is as a result of these particular kind of enzymes. Simply nothing is known about the genetics of alcohol consumption or alcoholism in native Hawaiians, and very little is known about a comparison of the comparative function of these in other racial groups in Hawaii.

What we're trying to do essentially is to find the most important factors which lead to alcoholism, and to use this information to make the public aware of these factors. In essence, what is now well-established in heart disease, the danger signs of heart disease, or in cancer, the major signs of cancer, we are hoping to do in Hawaii. And this, of course, has both local and national significance.

We've applied to the National Institute for Alcohol Abuse for support of this particular activity, have a grant application which is now being considered, and Senator Inouye has been most supportive of our attempts to achieve funding for these particular studies. And I would like to thank him for all that effort. We certainly do appreciate it, as well as his other help for the school of medicine at the University of Hawaii, and for the people of the State.

Thank you, Senators, for your attention.

Senator WEICKER. Thank you very much, Dr. Ashton. Your statement will be included in the record at this point.

[The statement follows:]

STATEMENT OF DR. GREGORY ASHTON

ALCOHOL CONSUMPTION AND ALCOHOLISM IN HAWAII

The alcohol-related problems faced by the nation as a whole are also evident to a marked degree in Hawaii. While alcohol abuse and alcoholism are not restricted to any single ethnic group, Hawaiians and part-Hawaiians may have particular problems. A number of studies have drawn attention to the self-disparagement of native Hawaiian youth with respect to peceived likelihood of academic achievement. In an essentially fully-americanized competitive community this creates problems of identity. Coping mechanisms include withdrawal and avoidance, sometimes through excessive use of alcohol.

Information about drinking habits comes from a survey of more than 10,000 individuals 18 years of age and older. The analysis related to the ethnically "pure" individuals of the five major races in the survey. No outcrosses were included except for the "Hawaiian" group, which was limited to individuals who reported 50% or more Hawaiian ancestry. Questionnaire items on drinking determined whether individuals consumed alcoholic beverages, and if so, the type of beverage and usual weekly amount. The age-adjusted percent consumption of five or more ounces of ethanol per week was as follows:

	Caucasian	"Hawaiian"	Chinese	Filipino	Japanese
Males	23.5	24.9	5.6	12.7	14.9
Females	8.2	5.5	1.0	0.7	1.6

Our knowledge of ethnic diversity in alcoholism in Hawaii is sketchy. Caucasians are significantly over-represented on a proportionate basis in alcoholism treatment and halfway-house facilities. Whether this is because alcoholism is more frequent in Caucasians, or whether other factors operate is simply not known. Like two other native American groups, the American Indians and Eskimos/Aleuts, Hawaiians are an "at risk" population with many alcohol-associated problems. The life expectancy of this group is currently about 68 years, about ten years less than that of the Japanese who surpass all other groups in terms of longevity, and approximately six years less than that of the combined population (Gardner 1980). The shorter life expectancy of native Americans, including Hawaiians, may be partially accounted for by their greater incidence of deaths due to conditions which may be alcohol-related.

These include, as well as alcohol-related pathologies, complications of pregnancy and childbirth, congenital anomalies, accidents and homicides.

BASIS OF OUR PROPOSED RESEARCH

The obvious ethnic differences in alcohol use and abuse and possible differences in alcoholism constitute the backdrop of our proposed research, and the economic and social consequences provide justification for the urgency of our proposed study.

There is an impressive body of literature testifying to variation in alcohol use and abuse in human populations, and a general awareness that this variability is due to complex interaction of cultural, social, and biological factors. On the cultural and social side a review of the literature suggests that ethnic differences in alcohol use are associated with group differences in cultural traditions and family norms for alcohol use, independent of an individual's own life circumstances. Along with these general ethnic differences, our data suggest that both ethnic and individual variation in environmental stress, in support systems and in domains of personality significantly influence alcohol related behaviors.

On the biological side it has been known for some time that two major liver enzymes, aldehyde dehydrogenase (ADH) and acetaldehyde dehydrogenase (ALDH) contibute to ethanol metabolism. With the discovery that both these enzymes exhibit genetic polymorphism, and that the isozymes differ in the rate of reaction, pH optima and ethnic distribution it was natural to suggest that this variation might be associated with alcohol abuse and alcoholism This hypothesis has not been tested directly because ADH cannot yet be genetically typed except from liver samples, and ALDH can only be typed by a somewhat inconvenient procedure using hair samples. A complete understanding of the genetic factors influencing variation in alcohol use and abuse requires a knowledge of ADH and ALDH types in humans being studied.

WHAT WE PROPOSE TO DO

The major aims of the proposed project are (1) to obtain data regarding alcohol consumption in 1000 males each of Caucasian, native Hawaiian, and Japanese ancestries, (2) to relate these data to measures of personality and cultural identification, and (3) to develop sensitive immunologically-based methods to determine ADH and ALDH variation in accessible biological fluids, in order to relate this variation to alcohol consumption.

The sample will be chosen on an unbiased basis from males present in Hawaii at the time of the martial law-required registration in 1943, who still reside here and who are now in the 45-50 year age range. Subjects will be asked to attend a testing session and to complete extensive questionnaires relating to alcohol consumption patterns. These responses will be validated by appropriate checking. Then questionnaires designed to evaluate environmental support systems, measures of stress, and measures of personal and cultural influences on alcohol-related behavior will be administered.

At the test sessions a blood and saliva sample will be taken for ADH and ALDH enzyme analysis. Sensitive immunological measures for detecting variation in these enzymes will be developed in our laboratories, and subsequently applied to the collected samples. Clinical biochemical analyses to determine health status will also be made on the blood samples. It is known from work elsewhere that certain blood chemistry profiles are related to alcohol use, and we will check this in our sample.

The resulting data will be analyzed to determine which of the social, cultural, and genetic factors influence alcohol consumption in the three races, and whether race differences exist. This information will assist in strategies aimed at detecting and advising young people of each race who seem likely to become alcoholics if no intervention occurs.

STATEMENT OF DR. LARRY PIETTE, EXECUTIVE DIRECTOR, CANCER CENTER OF HAWAII, UNIVERSITY OF HAWAII

Dr. PIETTE. Senator Weicker, Senator Inouye, thank you very much for the opportunity to present testimony on a particular health problem in Hawaii and our Pacific islanders that is of extreme importance and concern to all of us.

Hawaii's Cancer Research Center at the University of Hawaii is the only medical research center in the Pacific islands funded by the National Cancer Institute of the National Institutes of Health. It is the focal point of all the cancer-related activity in Hawaii, and we feel it must also serve that same purpose for the nations of the Pacific Basin.

The cancer research center is known internationally for its epidemiological studies of cancer risk, which depend on a unique computerized data base that has been developed at the center. It was through this study and through our participation in the SEER program of the National Cancer Institute, of which we are a part, that the extremely high cancer incidence rate among Hawaiians was documented.

As a result of these findings, the cancer research center has developed a comprehensive program proposal to study the environmental and possible genetic factors that could account for these high rates among the Hawaiians. We have been encouraged in this effort by several key Hawaiian groups, that you've heard from today, as well as by our national representatives, particularly Senator Inouye.

I would like to show you a few slides that focus on this particular problem, if I may.

This slide illustrates a particular cancer that is very, very important as far as Hawaiians are concerned, because they have the highest rate in the country, if not in the world. This is in lung cancer. The bars show the variability in the cancer rates by the different ethnic groups here in the State of Hawaii, the Hawaiians and Caucasians, Japanese, and Filipino.

The smoking history is about the same in the Japanese, but the lung cancer rate in Hawaiians is double that of the Japanese, so we cannot account for these very high rates by smoking alone, although it is probably the most important factor in this particular incidence rate. But, it is not the only factor, so there's something else that is contributing to these very, very high cancer rates in the Hawaiians in lung cancer.

It's not only lung cancer where the Hawaiians are higher than the other ethnic groups. They are higher in stomach, breast, cervix, and comparable to Caucasians in prostate cancer. On the other two sides they're low in the colon and rectal cancers.

When you compare them with the other ethnic groups, it's rather interesting to note that in the same environment here in Hawaii, we have an ethnic group that has the highest rate of just about all cancers, than other ethnic groups, the Filipinos, that's correspondingly the lowest rate of those ethnic groups. So there is something, then, that is going on in these particular ethnic groups that we feel that we can get information on and possibly some answers, too.

We have proposed a comprehensive study of the Hawaiians that tries to answer particular questions that we raise. Namely, why, in fact, do they have such high cancer rates, and, if possible, is there anything that we can do to intervene at this time that will impinge on the particular cancer rates.

Our proposal is to try to distinguish between whether or not there is a strong genetic factor or an environmental factor to these high cancer rates. So we propose to answer this general study by looking for possibly some unique oncogenes that may be present in this Hawaiian population. We will also be looking at some particular enzymes that are responsible for metabolizing chemicals into active carcinogens. Also looking at some enzymes that are also known to be detoxifying agents for carcinogens, to determine whether they may be efficient in this enzyme. This enzyme is also genetically controlled. There are certain enzymes associated with detoxifying of carcinogens that are environmentally controlled. So we can compare these in these ethnic groups.

We hope to assess the possible environmental influence on these cancer rates by doing a rather detailed diet study on these people, because it's most likely that their particular lifestyle and culture is what is a major contributing factor to their very high rate of certain types of cancer, particularly stomach cancer. So we hope to do a very detailed diet study to see just what in the diet makes a positive factor.

At the same time we will be looking at the various ethnic foods that these people eat—there are characteristic ethnic foods that they do eat—to see if they do, in fact, have high concentrations of mutagens—they're also carcinogenic, so we can analyze these in our laboratories to see if they are prevalent in these foods.

We will also try to impact on these very high rates in our particular community by trying several interventions. The intervention that we have shown is to try a treatment intervention which will allow us to put more Hawaiian patients on protocol and research studies. We have found from experience that those patients who go on protocols do much better than those patients who are not.

We will also be looking at the specifics of their tumors, looking for characteristic markers that might be different in the particular people relative to some of the other ethnic groups that we are studying also.

And then we will try to see if maybe compliance is a major factor in that not only do the Hawaiians show with high incidence rates but also they have a very high mortality. In other words, their mortality rates are higher than the other ethnic groups for a comparable type of cancer.

We hope to do some interventions directly in the community by an antismoking program among Hawaiians in the public schools. We are also negotiating with Kamehameha schools to introduce this program. There is an antismoking program that will start at a very early age, namely in the third grade and go through the sixth grade.

We will also attempt to carry out a breast cancer screening program for Hawaiian women.We had a breast cancer screening program here in Hawaii about 4 years ago. It was a statewide screening program, but when we analyzed the data on the people that entered into the program we found that the Hawaiians were neglected, they did not enter into the program as much as the other ethnic groups. And so we have tried to tailor-make a program that will be directed toward them with new approaches as to how to reach them and how to get them into the activity.

Finally, we have recognized that this problem in Hawaiians is not unique just to the people here in Hawaii, but it is also characteristic of other Polynesians in the Pacific islands in general. And the problem in the outer islands in the Pacific Basin is more severe than it is here in Hawaii. In addition to their high incidence rate, the health care system there, as you heard from earlier testimony, is not as adequate to really treat the problem as it can be. In other words, their mortality rates are even higher than what we see among our Hawaiians here.

So we would also like to embark upon a program, and we're trying to develop a proposal that will impact on this program. One proposal is to identify locations that would be willing to designate required beds in which we would introduce patients who would then be put on protocol. The reason we want to put these patients on protocol is that that would guarantee a much better followup on these patients and would also allow us to use our new drugs that we get from the National Cancer Institute without cost.

Senator INOUYE. May I interrupt? What do you mean by protocol?

Dr. PIETTE. Protocol means they would be on research programs, drug therapy, regimens that are designed by us that are not available to the standard physician in the community. We would hope to establish a need and how many patients per year that we could actually bring into this program. We would try to establish a coordinated program of total cancer care of these patients. We would like to develop an outpatient facility, as that would be a low-cost facility for these patients from the Pacific islands.

One of the major problems now for these people is the cost. Last year just for the trust territory alone; the Federated States of Micronesia, they brought 43 patients here to be treated at Tripler Hospital, at a cost of over $437,000. This was probably their entire health budget. And what happens is even with those people who are brought here, they are brought here too late, and very little can be done for them. And many of them, when they come here, are put into the hospital because this is the only mechanism that we have at the present time for treating them. Many of these don't require hospitalization, so the cost for their actual treatment could be reduced considerably if we would put them in a facility that doesn't cost, say, $400 a day.

We would also like to see them put on protocols, which would then arrange that the drugs would be free for these patients.

We would like to be able to encourage the airlines to provide available space to these patients at no charge. In other words, if they have a plane that's not filled, if we can put a patient there and bring them here, that would cut down on the cost for the particular community.

And we would also like to look into the possibility of getting some cooperation from the military in that regard, because they, too, have a considerable number of flights going back and forth into the Pacific islands.

We would like to develop a training program for followup. If we begin a treatment protocol here it's essential that when they return to their home, that the treatment continue. At the present time we don't have adequate personnel to do that, so we would like to train paramedics to be able to administer treatment to them, even after they return to the Pacific islands.

Now, this program is one that is somewhat outside of the normal realm of consideration by the National Cancer Institute, so we're probably going to have to look for other ways in which to fund that particular activity, whether through the Department of the Interior or some other agency. At the present time we are not clear on that.

Thank you very much.

Senator WEICKER. Thank you very much, Dr. Piette, I appreciate it. Your statement will be included at this point in the record.

[The statement follows:]

Statement of Dr. Larry Piette

Hawaii's Cancer Research Center (CRCH) is the only medical research center in the Pacific Basin. It is the focal point for all cancer related activities in Hawaii and we feel it must also serve the same purpose for the nations of the Pacific Basin.

The CRCH is known internationally for its epidemiological studies of cancer risk, which depend on unique computerized record linkage programs developed by the Center's Data Resources Department. It was through these studies and those of the SEER Program of the National Cancer Institute, of which we are a part, that the extremely high cancer incidence rates among Hawaiians were documented.

As a result of these findings, the CRCH has developed a comprehensive program-project proposal to study the environmental and possible genetic factors that could account for these high rates among the Hawaiians. We have been encouraged in this effort by several key Hawaiian groups, as well as by our national representatives.

Slide 1 gives cancer incidence rates among Hawaiians for seven common cancers, as compared with rates for the other four principal ethnic groups in the State. Sex-specific rates are highest in Hawaiians for every cancer shown except colon and rectum and prostate in Caucasians.

Slide 1

Average Annual Age-Adjusted Incidence Rates per 100,000 Population for Selected Cancers Among Five Ethnic Groups in Hawaii, 1973-1977

	Hawaiian		Japanese		Caucasian		Filipino		Chinese	
	M	F	M	F	M	F	M	F	M	F
Stomach	51.4	23.9	47.3	19.9	15.6	7.0	13.3	7.3	14.6	9.4
Colon	20.2	17.5	36.5	24.4	33.8	24.4	24.3	13.2	39.3	28.2
Rectum	15.9	10.9	28.2	11.0	17.6	10.2	16.5	10.0	20.6	11.0
Lung	116.9	50.7	52.0	15.0	84.8	28.6	31.9	25.3	43.5	29.8
Breast	0.0	104.3	0.6	51.3	1.3	99.9	0.0	29.2	0.0	64.1
Cervix	--	20.0	--	7.5	--	10.0	--	7.9	--	9.0
Prostate	66.3	--	54.1	--	86.7	--	46.9	--	40.0	--

When Hawaiian rates are compared with the general U.S. white population, the Hawaiian rates are highest in the majority of instances. Furthermore, among the 5 major ethnic groups in Hawaii, Hawaiian men and women had the highest rate of increase in these incidence rates for common cancers, as shown in Slide 2.

Slide 2

% Changes * in Average Annual Cancer Incidence per 100,000 Between
1968-72 and 1973-77 by Sex and Ethnicity for Selected Sites

	MALES					FEMALES				
Cancer Site	HAWN	CAUC	JPN	CHIN	FIL	HAWN	CAUC	JPN	CHIN	FIL
Breast	-	-	-	-	-	+33	+9	+12	+9	+45
Cervix	-	-	-	-	-	-3	-26	-18	-51	-59
Prostate	+57	+34	+31	+66	+103	-	-	-	-	-
Lung	+30	+27	+5	-16	-2	+111	+33	+37	+18	-17
Stomach	+23	-20	-10	+20	+9	-35	-23	-34	-28	**
Colon	-7	+6	+17	+5	-4	-5	-20	-7	+21	-37

*Expressed as a percentage of the 1968-72 rate
**Fewer than 20 cases reported in 1968-72 and/or 1973-77

There is at present no simple explanation as to why this particular ethnic group has such high cancer rates while another ethnic group (Filipinos in Hawaii) living in the same environment has some of the lowest rates in the country. Cultural factors may be important contributing factors, including such dietary habits as a high intake of salt and pork, and concepts of health and illness which may affect self-diagnosis and willingness to seek treatment. There have been no specific studies in Hawaiians of genetic factors that may also contribute to the capacity to resist disease or increase susceptibility. There is no question that the increasing rates shown in Slide 2 strongly suggest an environmental/cultural influence, but this could be compounded by some peculiar genetic trait.

We are approaching the problem of cancer in Hawaiians by first focusing on fundamental research questions about the environmental and genetic factors involved. At the same time, we want to extend our studies to include certain interventions, working more directly with the Hawaiian community. Our grant proposal contains the following studies:

Slide 3

GENETIC STUDIES

a. Polymorphism and the possible presence of unique oncogenes

b. Variations in the capacity of the cytochrome P-450 dependent monooxygenase system to detoxify chemical carcinogens

c. Levels of mercapturic acid excreted by Hawaiians, affecting their capacity to detoxify carcinogens

Slide 4

ENVIRONMENTAL STUDIES

a. Rigorous diet assessment studies to determine the role of diet as a causative factor

b. Examination of Hawaiian ethnic food for the presence of mutagenic substances

Slide 5

TREATMENT INTERVENTIONS

a. Placement of many more Hawaiian cancer patients on protocol studies

b. Study of relative difference in behavior of tumor cells from Hawaiian cancer patients in response to chemotherapeutic agents

c. Compliance study of Hawaiian patients

Slide 6

INTERVENTIONS IN THE COMMUNITY

a. Anti-smoking education among Hawaiian school children grades 3-6

b. Breast cancer screening program for Hawaiian women

As already noted, the CRCH would like to expand the studies described in the Hawaiian proposal to include studies of polynesians and other groups throughout the Pacific. In addition, as the only cancer research institution in the Pacific area, we feel an obligation and a great interest in upgrading care of cancer patients in this vast area, both in the immediate sense of providing optimum care at the lowest possible cost and in the long run expectation that research into the etiology of cancer among these people will provide the knowledge needed to lower incidence and increase survival rates.

Current treatment and follow-up for cancer patients in many parts of the Pacific present a very grave problem. The main difficulty is transporting patients in a timely manner to hospitals in Hawaii and the Mainland which have the necessary resources and skilled personnel. This need now makes very large demands on the limited funds available for all health care in these areas. Another very important associated problem is the need for follow-up of patients when they return home from treatment, and the need for training health professionals to do the follow-up.

For example, we have recently been informed by the Laiason Office of the Federated States of Micronesia that over the past year, 43 patients had to be sent to hospitals in Honolulu and on Guam (which has limited facilities for extensive treatment of cancer patients). The total cost of treatment of these patients away from home was $437,000 including transportation. This represents an enormous drain on available resources. This is especially so when one considers that the total yearly budget for all illnesses in Ponape, for example, is $90,000.

We see several possibilities for reducing these costs and at the same time improve total care. We would like to develop a research and treatment program that would allow us to do the following:

Slide 7

PROPOSED PROGRAM FOR CANCER PATIENTS FROM THE PACIFIC BASIN

a. Identify local hospital(s) willing to designate required beds

b. Establish the need--how many patients per year

c. Establish a coordinated program of total cancer care for these patients

d. Develop an out-patient, low-cost facility in Honolulu for patients and attendants

e. Arrange for free drugs for protocol patients

f. Encourage "space available" flights at no charge

g. Develop a training program for follow-up

STATEMENT OF DR. BEN YOUNG, SCHOOL OF MEDICINE, UNIVERSITY OF HAWAII

Senator WEICKER. Our last witness—which is the reason why I moved along, they're even now holding a plane for us—Dr. Young.

Dr. YOUNG. Senator Weicker, Senator Inouye, my name is Ben Young. I'm in the capacity of associate dean to the Hawaii School of Medicine, so I'm here to address the needs of a particular program to increase the number of underrepresented native Hawaiians and other Pacific islanders in the field of medicine.

I realize you do have a plane to catch. I've missed many a plane from overgarrulous committees, so my comments will be brief. You have my written testimony.

I was very fortunately educated at a prominent black institution, Howard University. It was there that I became acquainted and fascinated with the difficulty of overcoming prejudice by young black people in the era of the early 1950's.

With this background, after I got home to Hawaii, the dean of the medical school approached me with the task of increasing the number of native Hawaiians and other Pacific islanders in the program.

So, you do have my testimony. As of this date we've graduated 43 native Hawaiians, not matriculated but graduated. And these people have passed all national certifying examinations. We have graduated three Samoans, three Palauans. The first Saipanese ever to receive an American medical degree graduated 2 years ago and is now serving his residency in New Orleans. The first Ponapean ever to receive an American medical degree is also serving a residency in Fresno.

So, Senator Weicker, Senator Inouye, we feel that we have reacted and reacted responsibly to Federal grants, and we ask your continued support for the funding of our program, which comes under Dr. Robert Graham's Office of Disadvantaged Assistance, Public Health Service.

Senator WEICKER. How many native Hawaiians do you have at the present time at the University of Hawaii studying medicine or nursing or whatever?

Dr. YOUNG. In medicine we have approximately 37 right now.

Senator WEICKER. In the medical school?

Dr. YOUNG. In medical school.

Senator WEICKER. What about in the nursing area?

Dr. YOUNG. No; I do not have——

Senator WEICKER. Native Hawaiians.

Dr. YOUNG. I do not have the figures for nursing or for any other program.

Senator WEICKER. Do you have a paramedic program for native Hawaiians?

Dr. YOUNG. We do not have a paramedic program here.

Senator WEICKER. You know, it must be a little bit difficult to send doctors out to some of these isolated places in the Pacific Basin. I'm not talking about the State of Hawaii. And can't the paramedics take up an awful lot of the slack?

Dr. YOUNG. Yes; we've responded specifically, we do not have a paramedic program for native Hawaiians, but we have a successful one that involves training of medexes in the American Pacific Basin that was started first at Truk. And we don't have the figures, but we have graduated a number of these who are currently serving on outlying islands in the Pacific.

Senator WEICKER. Yes, sir.

Senator INOUYE. Your statistics are very impressive as to the number of graduates, first Saipanese and three Palauans, et cetera. Three Samoans. Are they all returning to their native islands or are they practicing medicine here or on the mainland?

Dr. YOUNG. The Saipanese is currently the chief resident in Fresno, Calif., in family practice. The Ponapean is currently in the second year of residency at the Charity Hospital in New Orlenas. The Palauans, two of them have returned to Palau. As far as the Samoans, one has returned, another is still in training, and one has entered the military service.

Senator INOUYE. So, most of them are going back?

Dr. YOUNG. Most of them have gone back.

Senator INOUYE. What about the native Hawaiians?

Dr. YOUNG. The native Hawaiians are still in various phases of the training or have established practices with minorities, with various groups here in Hawaii.

Senator INOUYE. Thank you.

ADDITIONAL PREPARED STATEMENTS

Senator WEICKER. Thank you all very much. Any additional statements for the record will be included at this point.

[The statements follow:]

STATEMENT OF THE JOHN A. BURNS SCHOOL OF MEDICINE, UNIVERSITY OF HAWAII AT MANOA

The University of Hawaii John A. Burns School of Medicine was launched in 1967. By 1970 it became apparent that disadvantaged Pacific Islanders, i.e., Hawaiians, Samoans, and Micronesians, were considerably under-represented in the field of medicine.

The Imi Ho'ola Program (Hawaiian for "those who seek to heal") was begun in 1973 to address the needs of the disadvantaged and the under-represented. Funding was from Health, Education, and Welfare, Public Health Service, under a project called the Special Health Career Opportunities Grant (SHCOG).

The aim of Imi Ho'ola was to increase the numbers of disadvantaged Pacific Islanders in medicine.

The content of the program was an intensive year-long pre-medical review covering general biology, botany, genetics, comparative anatomy, histology, embryology, general inorganic chemistry, organic chemistry, biochemistry, mathematics, and physics.

In addition to formal lectures, laboratory sessions were also included for biology and chemistry.

Since many of our students were raised with English as a second language, the program also provided improvement skills in reading, writing, listening comprehension, and examsmanship.

To maintain a sensitivity to the significant impact of disease upon previously isolated Pacific Islanders, students were also required to study the historical, social, and psychological impact of a disease like leprosy and the study was culminated with a field trip to the leper settlement at Kalaupapa on the island of Molokai.

Intensive counseling was provided for alternative careers in the event application to medical school was unsuccessful.

The University of Hawaii John A. Burns School of Medicine received continued funding from the Health, Education, and Welfare from 1973 to the current year.

The following has been accomplished:

1) We have graduated

Hawaiians	9
Guamanians	3
Micronesians	2
Samoans	2

Filipinos	7
Disadvantaged Others (Caucasian, Chinese, Japanese, etc.)	9

2) We now have the following in medical school:

Hawaiians	9
Guamanians	4
Micronesians	4
Samoans	3
Filipinos	8
Disadvantaged Others (Caucasian, Chinese, Japanese, etc.)	5

Our medical school has also admitted disadvantaged Pacific Islanders to medical school who did not need the services of this program and were admitted directly into the regular curriculum.

The impact of our efforts has been significant. Young people who have graduated from medical school and residency training are now serving in key medical positions throughout the American Pacific Basin and the success of the program was possible because of the assistance provided by the United States Federal Government.

STATEMENT OF FOFO I. F. SUNIA, MEMBER OF CONGRESS, AMERICA SAMOA

I WANT TO THANK YOU FOR ALLOWING ME TO PARTICIPATE IN THESE HEARINGS TODAY. THIS GATHERING SUGGESTS AN INTEREST IN THE PACIFIC ISLAND REGION THAT I HAVE SELDOM SEEN SINCE MY BEGINNING AS THE REPRESENTATIVE FROM THE TERRITORY OF AMERICAN SAMOA. I WANT TO THANK SENATOR WEICKER AND HIS COMMITTEE AND SENATOR INOUYE AND HIS STAFF FOR ORGANIZING THESE HEARINGS. THIS INTEREST AND ORGANIZATION IS VERY HEART WARMING.

I REALIZE THAT THE PURPOSE OF THIS HEARING IS TO FOCUS ON MANY ISSUES OTHER THAN EDUCATION, IN PARTICULAR HEALTH. HOWEVER, WHILE I DO NOT WANT TO DISREGARD THE IMPORTANCE OF THESE OTHER ISSUES, I MUST FOCUS MY ATTENTION ON EDUCATION.

WE CAN ALL REALIZE THAT WHILE IT WAS ONCE AN EDUCATIONAL GIANT THE U.S. HAS FALLEN BEHIND OTHER NATIONS. SOME AUTHORITIES EVEN WARN THAT WE COULD BECOME A SECOND-RATE POWER IF EDUCATIONAL REFORMS AREN'T MADE. ALREADY THERE IS EVIDENCE THAT OUR ONCE UNCHALLENGED PRE-EMINENCE IN INDUSTRY AND TECHNOLOGY IS FADING.

IN THE WORKPLACE, THE DEMAND FOR HIGHLY SKILLED INDIVIDUALS IN MANY NEW LINES IS ON A FAST TRACK. COMPUTERS AND COMPUTER-CONTROLLED EQUIPMENT ARE PENETRATING EVERY ASPECT OF OUR LIVES, HOMES, FACTORIES, AND OFFICES. BY THE YEAR 2000, MILLIONS OF JOBS WILL INVOLVE LASER TECHNOLOGY AND ROBOTICS. NEW WORKERS AND MANY NOW EMPLOYED WILL NEED TRAINING AND RETRAINING TO KEEP UP WITH JOB NEEDS. YET SCHOOLS AREN'T READY FOR THE CHALLENGE.

THE COUNTRY IS NOW CONCERNED WITH MANY SITUATIONS: ONE IN EVERY FIVE AMERICAN WORKERS IS FUNCTIONALLY ILLITERATE. U.S. CHILDREN ARE AMONG THE WORST MATHEMATICS STUDENTS IN THE WORLD. HALF OF THE NEWLY HIRED MATH AND SCIENCE TEACHERS AREN'T QUALIFIED. CURRENT SHORTAGE OF THESE TEACHERS WILL GET WORSE OVER THE NEXT 15 YEARS AND THE NUMBER OF STUDENTS WITH TOP COLLEGE BOARD SCORES IS DOWN DRAMATICALLY.

THE UNITED STATES DOES FACE CRITICAL PROBLEMS AND WHILE WE ARE CAUGHT UP IN SAVING OUR "NATION AT RISK", THERE ARE SOME AMERICANS WHO DON'T WANT TO BE LEFT OUT IN THE COLD, NOW THAT EDUCATION HAS BECOME THE HOT ISSUE IT IS IN THIS ELECTION YEAR. IN THE TERRITORY OF AMERICAN SAMOA, ABOUT 10,000 AMERICAN STUDENTS ARE INVOLVED IN OUR 29 ELEMENTARY AND SECONDARY SCHOOLS. THE TYPICAL STUDENT IS SAMOAN AND COMES FROM A LARGE FAMILY, WITH AN AVERAGE FAMILY SIZE OF 7.4 (COMPARED TO 3.4 BY U.S. STANDARDS). THE FAMILY IS RURAL WITH A LOW INCOME, AND THE HEADS OF HOUSEHOLDS ARE USUALLY NOT MORE THAN ELEMENTARY SCHOOL GRADUATES.

IT IS ALSO SAD, BUT IMPORTANT TO NOTE, THAT 90% OF ENTERING STUDENTS TO THE AMERICAN SAMOA COMMUNITY COLLEGE (OUR ONLY INSTITUTION OF HIGHER EDUCATION) ACHIEVE ENGLISH SCORES THAT EQUATE TO LESS THAN A SIXTH GRADE LEVEL OF ACHIEVEMENT BY U.S. STANDARDS AND 92% ACHIEVE MATH SCORES THAT EQUATE TO LESS THAN A SIXTH GRADE LEVEL.

THIS RECORD OF PERFORMANCE BY OUR GRADUATES INDICATES INADEQUATE PREPARATION FOR DEALING PERSONALLY OR ACADEMICALLY WITH THE RIGORS OF HIGHER EDUCATION OR EMPLOYMENT.

THERE ARE, HOWEVER, PROGRAMS THAT HAVE HELPED REDUCE THIS PROBLEM. I WOULD LIKE TO HIGHLIGHT TWO OF THOSE. ONE MAJOR SUCCESS HAS BEEN THE TERRITORIAL TEACHER TRAINING PROGRAM. THE FY '84 HEALTH, EDUCATION & HUMAN SERVICES APPROPRIATIONS BILL WAS SIGNED BY THE PRESIDENT ON OCTOBER 31. IT CONTAINS $1 MILLION FOR TEACHER TRAINING, AN INCREASE OVER THE $960,000 APPROPRIATED LAST YEAR. THIS PROGRAM RECOGNIZED A SERIOUS DEFICIT IN TEACHER TRAINING IN THE

TERRITORIES WHERE TEACHER PREPARATION FALLS FAR BELOW STANDARDS ON THE MAINLAND.

THE PLANNING FOR THIS PROGRAM WAS DONE BASED ON A 5-YEAR AUTHORIZATION AND SHOULD THE FUNDING IN FY '85 BE CURTAILED, THE POSITIVE MOMENTUM WILL BE LOST BEFORE THE GOALS CAN BE ATTAINED--THE TERRITORIES WILL SUFFER AGAIN THE RESULTS OF ANOTHER PIECE-MEAL AND SUPERFICIAL GESTURE INADEQUATE TO REMEDIATE VERY FUNDAMENTAL PROBLEMS.

THE TEACHER TRAINING PROGRAM CANNOT BE COMPLETED WITHOUT U.S. ASSISTANCE AND WITHOUT THE PROGRAMS THE TERRITORIES WILL CONTINUE TO BE HANDICAPPED IN PROVIDING IMPROVED EDUCATIONAL SERVICES.

SECOND, IS THE AREA OF FEDERAL FINANCIAL AID TO STUDENTS. CLOSE TO 8,000 STUDENTS FROM THE TERRITORIES ATTEND COLLEGE IN THE MAINLAND OR ELSEWHERE. APPROXIMATELY 7,000 ATTEND COLLEGE WITH THE TERRITORIES. PRESENTLY, THE FEDERAL GOVERNMENT SPENDS ALMOST $40 MILLION A YEAR TO ASSIST STUDENTS FROM THE TERRITORIES VIA BEOG, SEOG, NDSL, GSL'S AND THE LIKE. IN THE MEANTIME, THE COLLEGES GET LESS THAN 1.2 MILLION OF THAT MONEY COMBINED. WHY SEND THESE STUDENTS AWAY FROM THE TERRITORY, WHEN EXPERIENCE INDICATES THT THE CULTURAL DIFFERENCES OFTEN CANNOT BE OVERCOME? THIS IS SHOWN THROUGH FAILURES AND DROPOUTS AND WE GET LITTLE RETURN ON THE KNOWLEDGE GAINED BECAUSE FEW STUDENTS RETURN TO IMPROVE TERRITORIAL WORK FORCES. WHY NOT IMPROVE ON OUR LOCAL EDUCATIONAL SYSTEM AND NOT SPEND FUNDS FOR EXPENSIVE OFF-ISLAND INSTRUCTION?

WITH THE IMPROVEMENT OF OUR EDUCATIONAL SYSTEM WOULD COME THE BETTERMENT OF OUR LABOR FORCE AND IN THE CHALLENGING ERA WE FACE, NOTHING IS MORE IMPORTANT THAN MAKING THE PROPER INVESTMENTS IN OUR HUMAN RESOURCES.

THOSE WITH VERY LOW BASIC SKILLS ARE NOT INCLUDED IN THE JOB TRAINING PARTNERSHIP ACT AND THE NEW JOB PROGRAM HAS SHIFTED ITS EMPHASIS AWAY FROM THE TECHNICAL ASSISTANCE OUR LOCAL GOVERNMENT SO MUCH RELIED ON UNDER THE CETA PROGRAM. A TARGET TOWARD VOCATIONAL EDUCATION AND THE TRAINING, RETRAINING AND INSERVICE UPGRADING OF SKILLS FOR SCIENCE, MATH, AND COMPUTER INSTRUCTION SHOULD BE ANOTHER GOAL.

AT THE FEDERAL LEVEL, 18 BILLS ON THE SUBJECTS OF SCIENTIFIC, TECHNICAL EDUCATION WERE INTRODUCED IN THE PAST SESSION. BUT NOT ONE WAS ENACTED.

THE TERRITORIES DEPEND A GREAT DEAL ON THE DECISIONS OF THE SENATE APPROPRIATIONS COMMITTEE. I HOPE YOU WILL STORE THE VAST AMOUNT OF NEEDS THAT WILL UNDOUBTEDLY BE PRESENTED TO YOU TODAY WHEN OUR FUTURE RECEIVES ATTENTION BACK IN WASHINGTON. I AM SO GRATEFUL THAT YOU ARE WILLING TO BE ON OUR SIDE OF THE OCEAN WITH A LISTENING EAR. "FAAFETAI TELE" --- THANK YOU VERY MUCH.

LETTER FROM ANTONIO B. WON PAT, MEMBER OF CONGRESS, TERRITORY OF GUAM

January 24, 1984

Honorable Lowell P. Weicker
Chairman
Subcommittee on Labor, Health &
  Human Services & Education
186 SDOB
Washington, D.C. 20510

Dear Mr. Chairman:

Due to a previous commitment, I, regrettably, was unable to attend your field hearing in Hawaii on January 19, 1984, which provided a forum for territorial problems to be discussed, especially in the areas of health, education and labor. Please accept the following as my statement concerning educational issues.

Attached is a list of educational programs, the authorization of which are scheduled to terminate by the end of FY 84. For some of these programs, legislation has been introduced, and in some cases passed, to extend their authorization. Those that have not been extended yet, I am sure, will be considered by the House Education Committee shortly. Also attached is a list of currently funded programs, which include library programs; vocational and adult education programs; education for the handicapped programs; ECIA Chapter 2 programs; and programs for educationally deprived children. It is not an exhaustive list and it does not include all the programs for which Guam is eligible. I ask that you exert all the influence possible within the Senate Subcommittee on Labor, Health & Human Services, & Education to ensure that funds for all educational programs, at the elementary, secondary, and post-secondary levels, which Guam receives, are not decreased.

To single out specific needs for FY 85, according to information I have received, the Guam Department of Education would need funding assistance in FY 85 for school construction, for school facilities renovation and maintenance, and for improvement of school and public libraries. Since the present Guam Administration needs to expand the public school system and to upgrade current facilities, I hope that funding will be made available for FY 85.

The Guam Department of Education also needs continued funding for category B impact aid children, which constitute about one-third of public school enrollment. The Department of the Air Force conducted an evaluation of three Guam public schools and found several building deficiencies. (See Appendix for copy of report.) Under the Impact Aid program, Guam receives $340 per pupil, whereas the local government is spending between $2,000 and $2,500 per student. In other words, the Impact Aid program provides about one-sixth of per pupil expenditures and the local government assumes five-sixths of the costs. To exacerbate the problem, the local government must also assume the educational costs of about 200 alien students as well as about 2,500 other non-resident students.

Another specific appropriation request is for two million dollars, originally authorized under 20 USC 1144a(c) for each fiscal year following enactment, to support the cost of providing postsecondary education programs on Guam for non-resident students from the Trust Territory, the Northern Mariana Islands, and American Samoa. Although the authorization for this program was provided within the Education Amendments of 1980 and was scheduled to terminate on October 1, 1985, no appropriations have ever been made under this authority. Based upon policy considerations, the authorization committee decided that a cumulative appropriation of ten million dollars for this purpose was proper. If possible, I would like to see a higher amount appropriated since this two million dollars request is only for one fiscal year.

Also, since I have been assured by the House Subcommittee Chairman on Postsecondary Education that an amendment to 20 USC 1144a(c) will be made regarding the Education Secretary's discretionary authority to waive program requirements with respect to the Territories to allow them to qualify for certain Higher Education Act programs, especially Title III for strengthening institutions with special needs, I ask that funds be made available in FY 85 for this purpose.

I would like to see funding assistance to land grant colleges continued in FY 85. More specifically, I request that appropriations be made for the College of Micronesia, which has been designated a land grant college and has not received funding although the provisions of P.L. 96-374 were extended to American Samoa and Micronesia since October of 1980.

I would also like to see a continuation of funding assistance to the universities in Hawaii, which train Micronesians under special grant programs in the health and medical professions. They provide a valuable resource to the territories by training indigenous students and encouraging them to return to their native islands to serve. Also, I hope that additional funds will be made available to the Pacific Regional Educational Laboratory which has been organized in Hawaii.

I also urge that all student financial assistance programs continue to be funded. I suspect that the substitution of self-help programs for the Pell grants might affect the number of student recipients, since they or their parents must bear a greater percentage of the students' educational costs. But a bigger problem that needs to be resolved urgently is the $1.1 million assessment against the University of Guam for mismanagement of BEOG funds. Since the Department of Education is not amenable to a reasonable settlement (by that, I mean a settlement within the financial means of the University of Guam), I would hope that congressional intercession would grant reprieve since the fault for the BEOG overpayments does not lie with the University of Guam entirely (See letter to Congressman Paul Simon on this issue.).

In closing, I would like to commend the Chairman and members of this subcommittee for their interest in the problems of Pacific territories, as demonstrated by the proximity of the field hearing site to the territories and by the focusing of committee attention on territorial problems. This is a hopeful sign.

Sincerely yours,

ANTONIO B. WON PAT
Member of Congress

APPENDIX

A. List of terminating programs & activities

B. List of currently funded programs

C. AF Report

D. Letter to Paul Simon re: BEOG

(CLERK'S NOTE.—The appendices are contained in the subcommittee files.)

Letter From Antonio B. Won Pat, Member of Congress, Territory of Guam

January 24, 1984

Honorable Lowell P. Weicker
Chairman
Subcommittee on Education, Labor
and Human Services
186 SDOB
Washington, D. C. 20510

Dear Mr. Chairman:

Because of a previous official commitment, I regret that I was unable to appear to testify at your Education, Labor and Health Subcommittee hearing scheduled in Honolulu on January 19, 1984. I am, however, submitting the following report by my staff addressing my concerns on some of the health and labor issues affecting the people of Guam.

The health delivery system in Guam is unlike that of the other islands of Micronesia and the other Pacific Basin Region. It is more comparable to that of a small U.S. mainland community faced with similar health problems, like Medicaid/Medicare and hospital financing, health manpower availability, environmental quality management and regional health care service networks.

Waivers are granted under Section 2176 of the Omnibus Budget Reconciliation Act (PL 97-35) allowing States to provide as alternatives to institutional care, certain home and community-based services, such as case management, homemaker/home health aide services, personal care, habilitation, nursing and special physicial services, respite care, medical supplies and equipment. However, because of the total health care budget constraints, these programs cannot be implemented. It creates problems with continuity, quality services and health care costs to the indigent population in Guam.

Today America and its territories face extraordinary inflationary pressures through the entire health care field accompanied with uncertainties about resolving them.

Even with the help of Medicaid and Medicare to the elderly, disabled and the indigent, Medicare outlays for 1982 through 1986 have reduced by $21.6 Billion; funding for personal health services has also been slashed; eligibility for Medicaid has been tightened for the poor and the disabled under Medicare, and millions more have been removed from benefits entitlement.

Health resources are definitely poorly distributed across the population to as far off as Guam. The current crisis in Medicare and Medicaid is more than a financing problem. A basic necessity of life, adequate health care is still not available to everyone and it's a problem which exists throughout the entire health delivery system.

In the case of Guam, the Medicaid Assistance Program is funded on a 50/50 matching ratio, with a Federal Allotment Ceiling of $1.4 Million, statutorily defined. This ceiling limits the territorial program to $2.8 Million.

For the 50 States, Federal share is determined by statutory formula based on the State's "per capita income." Called the Federal Medical Assistance Percentage (FMAP), the matching rate may range from 50 to 83 percent.

If Guam's share were based on the statutory formula, we would be eligible for a higher federal matching rate than the current 50 percent. Also, if we were to use Guam's latest "per capita income" of $4,198 against $7,815 for the U.S., Guam would be eligible for the maximum federal share. In FY 1983, the number of households that received Medicaid benefits was 3,212, covering a total of 7,141 individuals with an annual expenditure of $2.8 Million. It cost an average of $391 (including benefits & administration costs) for each recipient per year.

An additional $1 Million is needed to be added to the current ceiling to adequately fund the program and provide the essential services to this indigent segment of the population.

In addition, because of insufficient funding, Guam has been subjected to the same income standards to determine Medicaid eligibility since 1967. As a result, we are still unable to raise the standards.

Those who are ineligible for Medicaid because of insufficient funding are assisted through the Limit of Liability (LoL) program funded 100 percent by the Government of Guam. The Guam Memorial Hospital administers the program to approximately 8,100 individuals at an yearly cost of $3 Million. But to adequately provide the necessary medical services, at least an annual budget of $6 Million would be needed. With the increasing cost of health care to the elderly,disabled and the medically needy, Guam is currently experiencing a cost crisis in its health care system. It is now costing the local government an estimated $11.1 Million for in-patient and out-patient care to the island's 24,000 (27% of the total civilian population) indigent, expenditures arising from public health services, free care services payments, the hospital's abatement and Medicaid programs.

In order to ensure equality in the Medicaid allocation as compared to that of the States, I request that your Committee re-evaluate our situation and either increase or lift the Federal Medicare ceiling or raise the Federal share to approximate the 83%.

The following health programs in which Guam is participating are being administered by the Department of Public Health and Social Services: Preventive Health Services; Alcohol, Drug Abuse and Mental Health Services, locally administered by the Mental Health and Substance Abuse Agency; Maternal and Child Health Services; Immunization; Venereal Disease Control Program; Comprehensive Health Center; Adolescent Family; Family Planning; Home Health Training, Health Systems Agency; State Health Planning and Development Agency; TB Control Project; Mental Health Training; Nursing Projects; and Adolescent Pregnancy Programs (OAPP).

The Food Stamp Program is also being administered by this department with funding for FY '82 at $16.3 Million for the stamps, and $400,000 for administrative costs; and for FY '83, a rough estimate of $18 Million for the stamps, and a rough estimate of $454,000 for administrative costs.

For the Elderly Feeding Program, Guam received $169,000 for the total program cost for FY '82; and for the Commodity Distribution Charitable Institutions, $483,000 for FY '82. Continuation of these programs is very vital to the health and nutrition needs of the people of Guam and therefore request your continued support when reauthorization is considered.

Another very significant program to Guam is the funding under the National Institutes of Neurological and Communicative Diseases and Stroke that Guam receives for research of the debilitating disease, Amyotrophic Lateral Sclerosis (ALS). Some of our people are seriously stricken with this dreadful disease for which cure has not yet been determined. Continued research is necessary if the goals and objectives of the program are to be accomplished.

The NINCDS has a contract with the Guam Memorial Hospital to administer the program at an annual budget of $250,000 ($150,000 for hospital services, and $100,000 for administrative costs). Additional patients into the program have been curtailed as of December, 1983 as enough have been enrolled to satisfy the required number of research purposes.

I again urge your support for continued funding of this very vital program when the reauthorization measure is brought up before the Congress.

The other problem that Guam presently faces is the funding needed for the renovation of the Guam Memorial Hospital. It is the only civilian hospital on the island that provides in-patient/out-patient, emergency, long-term and mental health care services.

The 148-bed facility serves approximately 100,000 people. About 27 programs are provided and those needing specialized services unavailable locally are referred to Hawaii or the U.S. mainland for treatment. These off-island referrals cost the Government of Guam an annual estimated expenditure of $300,000.

Problems are augmented by the lack of other adequate long-term health care facilities, like mental and nursing homes and other long-term institutions. The old Guam Memorial Hospital facility is presently being utilized to accommodate some of our long-term care patients.

The critical need for expansion to improve hospital services to the people of Guam is clearly evident, so the Guam Memorial Hospital completed a long-range Guam Institutional Health Care Plan (GIHCP) identifying some of the capital construction projects needed to upgrade the hospital's standards.

The capitol projects included in the Plan are an additional 57 long term care beds (35 replacement, 22 new); 25 beds (17 replacement, 8 new) to the psychiatric unit and public health clinic; expansion of the hemodialysis unit; upgrade of ancillary hospital services; kitchen construction improvement; stairwell enclosures; fire code standards and an additional $1 Million for a health care center to serve the people in the northern part of the island.

The Joint Commission on Accreditation of Hospitals rated the Guam Memorial Hospital on all levels of hospital standard requirements and on June 2, 1983, the Commission notified it that it would not be granted accreditation for failure to meet the hospital criteria. Many of the deficiencies cited by the Commission pertain to management and administrative practices which can be corrected. But 18 recommended improvements require modifications to the hospital structure. The loss of accreditation aroused great concern as it may mean denial of adequate medical care and possible loss of federal funds eligible only to accredited hospital facilities.

An amount of $9 Million for the hospital, authorized by PL 95-134, has not yet been appropriated. Through joint efforts by the Governor of Guam, the Guam Legislature and myself, we testified at the House and Senate Appropriations Committee hearings on May 9 and 12, 1983 to present the island's FY '84 budget requests for the Department of the Interior. At that hearing, a request of $4,824,815 for FY '84 improvements to the hospital was presented, as well as budget request of $5,175,185 for FY '85. However, it was impossible to get it due to the Administration and Interior's opposition based on the need to reduce overall spending on their budget. The Department of Health and Human Services supports the release of the $9 Million in its entirety, however, and have already made their position known to Interior. With the strong support from the HHS, we are hopeful that Interior may reverse its position.

I put in a request of $2 Million in the 1983 Interior Supplemental Appropriations for the hospital renovation, but it was again deleted by Interior for the same reason. In the 1984 budget, I was successful in persuading the Senate Interior Appropriations Subcommittee to add the $2 Million but again it failed. I will continue my lobbying efforts for the release of this important appropriation for repair projects to the Guam Memorial Hospital so that the health care needs of the people of Guam will be adequate and meet the hospital criteria necessary for accreditation. I, therefore, urge your Committee to support and approve the release of the above funding request.

LABOR

Guam participates in many of the Federal programs, including the Job Training Partnership Act (JTPA) under the Emergency Jobs Act, PL 98-8. The Government of Guam's local agency for Human Resources and Development administers the JTPA programs. To better serve the growing number of economically disadvantaged youths and adults, Title IIA; Summer Youth Program, Title IIB; Employment and Training Assistance for Dislocated Workers, Title III; and the Wagner-Peyser Act, Public Employment Services, increased funding reauthorization is needed if these programs are to be carried out effectively.

For the Summer Youth Program, over 1,000 economically disadvantaged youths apply, but the present allocation allows for employment of only 600. Funding for this program exceeds half-a-million dollars annually. To meet the demand for additional employment, an increased funding authorization of $1.2 Million is needed to adequately fund the program.

Yearly increase of high school and college graduates, meeting the JTPA criteria, saturate the labor market, still leaving many of them unemployed. With the passage of the Hotel Development Bill by the local legislature, indication for expansion is in the hotel/tourist industry. With the budgetary constraints, it is difficult to meet the labor demand for this particular industry alone.

Other labor programs for Guam that are of vital concern are the Senior Community Services Employment Program providing an allocation of $686,860 for FY '84 for only 134 eligible recipients. The backlog of eligible applicants is over 300 which needs to be increased to 500. To satisfy this demand requires an annual funding level of $1,025,164 in the next fiscal year.

Funding for the Job Corps was reduced from $16,000 in FY '83 to $8,000 in FY '84. An increased funding of $25,000 is the needed allocation to cover personnel and non-personnel costs.

The Labor Market Information (LMI) Program under the Bureau of Labor Statistics is presently underfunded at $40,000 annually, requiring an additional authorization of $40,000 in order to carry out its functions.

Certification of Alien Labor has been under the responsibility of the U.S. Department of Labor, but it will soon be transferred to the Government of Guam. The Guam Employment Service has been doing the processing of alien applications, with certification done by Region IX in San Francisco. The FY '84 budget received by the Guam Employment Service for this activity was $34,000. Once full responsibility of the program takes effect, it will require funding of $105,000.

Minimum Wage Determination for construction jobs on the island will also be transferred to the Government of Guam by the U.S. Department of Labor. Funding assistance of $94,000 is needed once the program is completely taken over by the local government.

I urge your support in raising the cap on all of the programs when reauthorization is up for consideration before your Committee and the Congress.

Sincerely yours,

ANTONIO B. WON PAT
Member of Congress

Letter From Charles G. Clark, Director of Health, Department of Health, State of Hawaii

January 31, 1984

The Honorable Daniel K. Inouye
United States Senate
Room 722 Hart Senate Building
Washington, D.C. 20510

ATTEN: Dr. Patrick H. DeLeon,
Executive Assistant

Dear Sir:

In response to requests made at the Special Hearing of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, on January 19, 1984, and the following day during the Subcommittee aides' visitation to the Hawaii State Hospital, I am forwarding the following two sets of information for your distribution to the Subcommittee.

(1) Summary Review of the Consequences of Loss of Medicare Certification at the Hawaii State Hospital.

(2) Summary Budget for the Hawaii State Hospital, Fiscal Year 1983-84 and related materials.

Again, the Hawaii Department of Health is appreciative of Senator Weicker's and Senator Inouye's concern for the many issues confronting us as we seek the betterment of the health of all citizens of our state. The urgent needs of the Hawaii State Hospital are clear and we are committed to improving the facilities and programs as soon as possible. Any consideration that the Subcommittee might give towards federal support would be much appreciated.

Please let me know if further information is requested.

Sincerely,

CHARLES G. CLARK
Director of Health

SUMMARY REVIEW OF THE CONSEQUENCES OF LOSS OF MEDICARE CERTIFICATION AT THE HAWAII STATE HOSPITAL

1. Loss of Medicare certification would give clear verification that Hawaii State Hospital does not meet minimal standards in providing care and treatment to their mentally ill. In addition, the Hospital would not meet JCAH standards and would not meet the Department of Health standards for licensure including the associated areas of Life Safety Code, Occupational Safety and Health, and Public Health Regulations, particularly in the area of facilities.

2. Without certification and accreditation, it will be more difficult to attract research and training affiliations and/or funds. The lack of student training programs decreases the Hospital's ability to attract well-trained, competent staff. In time, the competency of staff and programs will detriorate in an accelerating manner.

3. As with other states, mental health programs often do not have a high priority for state resources. This is particularly true when revenues are limited. Also, mental health does not have a vigorous and effective advocate group. The regular Medicare site survey reports have served the purpose of pointing out the needs of the hospital so as to meet national standards.

4. Over the past five years, Medicare reimbursements to Hawaii State Hospital have ranged up to a half million dollars annually. Loss of Medicare certification would terminate this revenue source to the State of Hawaii general fund.

5. In addition to Medicare reimbursements, the concurrent inability to secure JCAH accreditation would prevent the state from acquiring increased revenues from other "third party" insurance companies. The exact amount of additional revenue that could be collected is difficult to determine because eligibility and reimbursement levels for some companies, e.g. HMSA, would have to be determined. Current revenues are now in excess of $400,000 per year. It is expected that this amount would be multiplied so that more than $1 million or $1.5 million may be possible if Medicare and JCAH standards are maintained.

SENATE
COMMITTEE ON WAYS & MEANS

Supplemental Biennium 1983-85

1-10-84
1:30 P.M.

Program ID: HTH 430
Program Title: Hawaii State Hospital

I. Introduction

A. Summary of Program Objectives

1. Hospital Objective

The objective of Hawaii State Hospital is to improve patient behavior through individualized treatment program to promote a safe and enduring release from the Hospital.

2. Program Goals

a. Rehab Service: Minimize chronicity by promoting motivation, independent functioning and responsible behavior in chronic patients admitted to the Hospital.

b. Forensic Service: Evaluate and minimize mental illness and its associated criminal behavior to enable the mentally ill offender to live safely in the community or to be returned to alternative facilities.

c. Adult Service: Evaluate and minimize mental illness and associated dangerous behavior in non-penal patients admitted to the Hawaii State Hospital.

d. Adolescent Service: Provide assessment and, when appropriate, hospital level care, treatment and education to adolescent patients referred to Hawaii State Hospital.

e. Neuropsychological Service: Provide neuropsychological assessment of persons with organic brain dysfunction and, when appropriate, provide remedial training to minimize the behavioral deficits that are the sequela of organic brain dysfunction.

B. Brief Description of Program Activities

Each Hospital service specializes in activities structured to eliminate or minimize behavioral deficits resulting from emotional, social and/or physical disorders. Services are provided by mental health specialists including psychiatry, psychology, social work, nursing, occupational therapy, recreational therapy, industrial therapy, physical therapy as well as neuropsychology assessment and training specialists.

The purpose of these activities are as follows:

1. Plan and implement treatment activities specific to patient needs.
2. Provide humane, congenial and therapeutic living environment to all patients.
3. Discharge patient to community with coordinated planning involving all agencies appropriate to patient.
4. Maintain records necessary for good patient care and consistent with state, federal and JCAH standards.

In addition, maintenance, housekeeping, food and administrative support services are required to provide patients with food, clothing, housing, and adequate therapeutic environment.

II. ESTIMATED GENERAL FUND EXPENDITURES FOR FY 1983-84

Cost Element	Act 301, Apprns.	Transfer In/(Out)	Restriction	Total Available Resources	Estimated Total Expenditures
(Position Count)	(404.00)				(404.00)
* A	6,847,860 A	-144,190 A	302,300 A	6,401,370 A	6,401,370 A
** B	1,849,533 A	+144,190 A	130,868 A	1,862,855 A	1,862,855 A
*** C	17,488 A	-0-	-0-	17,488 A	17,488 A
**** M	7,890 A	-0-	-0-	7,890 A	7,890 A
Total	(404.00) 8,722,771 A	-0-	433,168 A	(404.00) 8,289,603 A	(404.00) 8,289,603 A

A. Explain all transfers

The transfer of $144,190 from "A" to "B" is for the purchase of professional services (primarily psychiatrist and psychologist) in lieu of similar services that would have been otherwise provided if all positions were filled.

B. Explain all restrictions

The amount of $433,168 was restricted because of the fiscally austere situation of the State.

C. Explain all significant differences between total resources and total estimated expenditures.

N/A.

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*Personnel Costs
**Operating Expenses
***Construction Costs
****Motor Vehicles

III. Supplemental Request for Fiscal Biennium 1983-85

Cost Elements		Appropriation FY 84-85	Estimated General Fund Expenditures
(Position Count)		(404.00)	(404.00)
A		6,816,689 A	6,816,689 A
B		1,935,310 A	1,935,310 A
C		12,759 A	12,759 A
M		13,500 A	13,500 A
Total		8,778,258 A	8,778,258 A
Less:	Special	-0-	-0-
	Federal	-0-	-0-
	Other	-0-	-0-
(Position Count)		(404.00)	(404.00)
General Funds		8,778,258 A	8,778,258 A

A. Identify and explain all supplemental request

Request is to convert Position No. 2135, Manual Arts Instructor II, SR-15, to Occupational Therapist III, SR-18. No additional funds are requested. This change is needed because all Occupational Therapists are trained to provide manual arts instructions, but a Manual Arts Instructor cannot provide the full range of services as an Occupational Therapist; such as, preparation of menus, cooking meals, and teaching conversational and social skills.

HTH 430: HAWAII STATE HOSPITAL

A. Statement of Program Objective

To improve the behavior of patients through individualized treatment programs so that permanent release in the community becomes possible.

B. Description of Activities Performed

The hospital provides specialized inpatient programs within five major areas including children, adolescents, adult, forensic, and rehabilitative services. Each service involves activities structured to eliminate or minimize behavioral deficits resulting from emotional, social, and/or physical disorders. Services are provided by mental health specialists including psychiatry, psychology, social work, nursing, occupational therapists, recreational therapists, industrial therapist, physical therapists as well as neuropsychology assessment and training specialists. In addition, maintenance, housekeeping, food and administrative support services are required to provide patients with food, clothing, housing and an adequate therapeutic environment.

C. Statement of Key Policies Pursued

1. Every patient admitted to the hospital shall be discharged to a less restrictive facility when maximum hospital benefit has been obtained. The Hawaii State Hospital does not provide custodial level care.

2. Admission to Hawaii State Hospital is a medical decision that requires psychiatric review and approval, preferably at the mental health center level.

3. The level of care and treatment available at Hawaii State Hospital will be consistent with JCAH standards and conform to all licensure standards.

D. Identification of Important Program Relationships

1. Community mental health centers - to assure continuity of care.

2. General hospitals licensed as psychiatric inpatient facilities - in relation to the appropriate kinds of patients to be cared for by each.

3. Department of Social Services & Housing - to facilitate referrals and placements of eligible patients.

4. Department of Education - joint arrangements for the continued education of hospitalized youth.

5. Veterans Administration - relative to contractual arrangements for the care and treatment of veterans.

6. Circuit, District & Family Courts - relative to admission and discharge of involuntary patients.

7. Criminal Justice System - relative to court commitments and transfers from correctional facilities.

E. Description of Major External Trends Affecting the Program

1. Community reaction to violence and criminal behavior has resulted in more individuals being incarcerated both in the corrections systems as well as in mental hospitals. If this trend continues, there will be increasing admissions to both the Adult and Forensic Services. In addition, and again in response to public concern, there is reluctance to release potentially dangerous individuals so that the length of time patients remain hospitalized may be expected to increase which will result in a rising patient census.

2. As both state and federal funds decrease, as is currently happening throughout the state and nation, there will be less resources to support patients in the community. If alternative resources are not generated or more effective utilization of existing resources developed, there will be increasing numbers of chronic patients returning to the hospital. Two related programs are needed to promote more effective adjustment of chronic patients in the community: (1) Prompt emergency crisis intervention to work out alternatives to rehospitalization and (2) a 24- to 48-hour emergency holding station to maintain patients until community alternatives can be developed and implemented.

F. Discussion of Cost, Effectiveness, and Program Size Data

Discrepancies between previously planned levels and those actually achieved as reflected in cost differences are primarily due to increased patient census throughout all adult services. It was anticipated that alternative private adult inpatient facilities would be operative and would serve to decrease the number of patients entering Hawaii State Hospital. These alternative facilities were not available and periodic overcrowding at Hawaii State Hospital occurred. Excessive patient census requires additional staffing that could be scheduled only with overtime at the time and a half rate.

A ~~Two~~ program change requests in this budget will affect the hospital's size. ~~Consistent with legislative mandate, a request is made to transfer 16.0 nursing positions and 10 children's beds from HTH 242 (Leahi Hospital) to HTH 430 (Hawaii State Hospital).~~ ~~In addition, a~~ A request is made to contract 20 adolescent ~~and 10 children beds~~ to private inpatient facilities and reduce the hospital bed capacity by ~~30~~ 20.

G. Discussion of Program Revenue

The primary sources of revenue are Medicare, Champus, Veterans' Administration, private third-party insurance carriers, and state charges. Early in 1982, the daily rate for hospitalization increased from $10.50 to $133.00 per day.

Medicaid reimbursement to free-standing psychiatric hospitals is limited to individuals under 18 and over 65, and require that the facility be accredited by JCAH. If JCAH accreditation is achieved, it is estimated that an additional $1 million or more could be collected from third-party insurance companies including HMSA, Blue Cross, etc.

H. Summary of Analysis Performed

None.

I. Further Considerations

None.

STATE OF HAWAII

PROGRAM BUDGET REQUEST

BUDGET PERIOD 1983 - 1985

DEPARTMENT Health

ORGANIZATION Mental Health Division

PROGRAM TITLE Hawaii State Hospital

PROGRAM ID 430

PROGRAM MANAGER (OR DEPT. CONTACT) Howard E. Gudeman Phone: 247-2191

DISCUSSION/JUSTIFICATION OF SIGNIFICANT BUDGET ITEMS IN THIS REQUEST:

Summary Overview:

At the time of this budget preparation (June, 1982), Hawaii State Hospital continues to experience an increase in patient admissions and in the inpatient census. This increase in census has been taking place since 1978. There is no indication or trend to suggest that this growing Hawaii State Hospital population is going to reverse. Rather, because of the public's growing apprehension concerning deviant and bizarre behavior and the impact of decreasing federal funds, it is anticipated that the Hospital census will continue to grow. It is expected that more patients will be admitted for longer periods of hospitalization because it is increasingly difficult to place patients, particularly the acting-out patient, back into the community. The Hawaii State Hospital 1983-85 budget request anticipates this continued workload increase and requests resources to meet the needs of the patients and to adhere to standards required by state licensure, federal certification and JCAH accreditation.

Federal Medicare inspections over the last decade and most recently in May of 1982 have granted only conditional certification pending renovation of the physical facilities at the Hospital. The continued conditional certification has been granted only upon real demonstrated effort on the part of the Department of Health to provide facilities that comply with the standards. The CIP funds requested in this budget are needed for continued certification, licensure and accreditation.

In addition, the federal Medicare surveyors were critical of the lacking active treatment programs available to the patients on the wards. Systematic review of staff utilization indicates that although the staff-patient ratio may appear adequate, this apparent adequacy is not true when the amount of staff available for scheduling is taken into account. The amount of activities required for treatment and time required to merely provide care to the patients 24 hours a day are overwhelming with existing resources. Currently, the Hospital has minimal staff ratio and can provide little more than custodial care.

One additional factor needs to be taken into account in determing and evaluating the 1983-85 Hospital budget. In recent months, there has been considerable activity and planning to increase the number of psychiatric beds available in Honolulu and in Hawaii. By mid-1982 there has been no solid tangible evidence that the private hospitals will, in fact, make available additional psychiatric beds during the 1983-85 budget period. Funding limitations, zoning problems, and judicial litigations have prevented the actual creation of additional beds in the past and are expected to exert the same limitations for at least the next couple of years. Meanwhile, patients continue to be court ordered to Hawaii State Hospital both by civil and penal statutes. The Hospital has no alternative but to find room for the patients or be in contempt of the court order. The state has a legal and a moral responsibility to accommodate these patients and to do so consistent with appropriate standards.

The preceding paragraphs have indicated that increasing patient census has overburdened the Hospital's facilities and existing staff. Unless resources are made available to correct the existing situation, the Hospital will not be in compliance with Hawaii's licensure standards, will lose eligibility for rderal reimbursement for care and treatment provided. Also, the Hospital will not be able to achieve JCAH accreditation to be eligible to collect revenue from private third-party insurance programs. These consequences can mean that the State of Hawaii will lose millions of dollars in revenue for providing services they have the legal and executive mandate to provide.

The Hawaii State Hospital 1983-84 biennium budget includes three major requests above and beyond the current operating program:

1. Request that funds for 62 temporary positions be converted to permanent positions.

2. Requests for resources to support an additional 30-bed ward to accommodate the projected increase to patient census.

3. Request CIP funds to renovate Hawaii State Hospital to meet all state, federal, and JCAH standards.

Temporary Positions Converted to Permanent Position.

During the previous legislative biennium session, the Hawaii State Hospital was granted funding for 62 temporary positions. These positions were not provided on a permanent basis because there was some question whether the Hospital patient census would continue to be sufficiently high to justify the position. It was the Hospital's understanding that if the Hospital census continued to justify the positions, they would be established on a permanent basis. As indicated in the accompanying graph in Appendix A, the census has remained high and can be expected to continue to climb. The psychiatric beds that were anticipated in the private sector have not materialized and Hawaii State Hospital has continued to carry the burden.

The loss of these 62 temporary positions, which are primarily clinical and providing direct service to the patients, would result in severe staff shortages that in turn would lead to rapid deterioration of the minimal treatment activities that are currently provided.

In considering the staff-patient ratio at the Hawaii State Hospital, it is crucial to take into account the number of staff available for scheduling on the wards rather than the total staff on the book. Approximately 15 percent of the staff positions cannot be scheduled on the ward because of long sick leaves and Workmen's Compensation leaves and delays in filling vacant positions.

1. Long-term sick leave and Workmen's Compensation cases at the Hospital now total over 20 cases or approximately 5% of the total work force. Work-related illnesses include physical injuries on the job and stress and tension (high blood pressure, ulcers, skin reactions, anxiety, etc.) related to the work. The number of employees on long-term sick leave and Workmen's Compensation have increased significantly in the last two years.

2. In addition, approximately 10% of the Hospital's total positions are vacant at any one time because of recruitment requirements. The Hospital administrative and supervisory staff continue to utilize all possible alternatives to expedite the replacement when a position

becomes vacant. However, the procedures continue to be a time-consuming process.

The additional loss of the 62 temporary positions cannot be managed without serious deterioration in the level of treatment programs available to the patients.

The Hospital position count and budget for Fiscal Year 1983-84 also includes 16 positions located at Leahi A and B Children's Program. During Fiscal Year 1984-85, the second year of the biennium, it is anticipated that these positions will be converted and included in a contractual agreement that is currently being negotiated.

Resources to Support an Additional Ward of 30 Beds to Accommodate Projected Patient Census Increase.

The accompanying graph and statistics in Appendix A indicate that if the current excelerating patient census continues throughout the years included in this budget period, the Hospital will need approximately 60 additional beds to accommodate the patients residing in the Hospital. Already, the capacity of existing wards have been exceeded. The existing wards and staff cannot absorb the anticipated workload increase. Therefore, an addition of 37 positions are requested to staff an additional 30-bed ward.

At this time, it is anticipated that the patients will be in the Hospital and unless provisions are made, the Hospital will not have the resources to provide for them without detracting from the already marginal resources to care and treat the existing patient workload.

The 1983-85 biennium budget for the Hospital is broken down into the various activities that must be carried out to adequately manage and treat the patients. In addition to the direct patient treatment and training, significant blocks of time must be spent in merely maintaining the patient, in processing papers and records that are needed for licensure, certification and accreditation. A review of the activities required to maintain patients 24 hours per day, seven days per week, and the proportion of time required to carry out these activities again documents the reason existing staff positions are limited in their capacity to provide patients with adequate treatment. It is not possible to accommodate additional patient workload without further deterioration of treatment available to the patients in residence.

The 37 staff positions requested for the additional 30-bed ward are the minimum number considered essential to provide comprehensive patient services to a ward of 30 patients. The projections indicate that 43 additional beds may actually be needed by July, 1984 for a total of 263 patients. If the current trend continues, an additional 17 beds would be needed by July, 1985.

When patient census is treated solely as a function of time without intervening factors or decisions, the projection noted above will hold. It is possible that legislative, executive or judicial decisions may influence these projections. However, on the basis of data immediately available, the projections noted above are the single best index of future trends.

The resources requested for the additional ward are delayed to the second year of the biennium to provide opportunity to assess the need at closer range to determine the validity of the projections that have been made. It would seem apparent, however, that without significant legislative, executive or judicial intervention, the Hospital will require the additional 30-bed ward that is requested.

The 37 staff positions requested for the 30-bed ward are as follows:

Position/Title	No. of Positions	Description and Considerations
RPN IV	1	Personnel in this position act as Head Nurse, and are responsible for supervision of general nursing staff. One nursing supervisor is sufficient to effectively manage a 30-bed ward.
RPN	6	Personnel in this position act as Charge Nurse for the ward shift, and are responsible for providing direct service and for coordination of treatment programming. Hawaii State Hospital administration suggests that a minimum of 1.7 personnel are required per shift to assure adequate coverage for three shifts a day, weekends, sick days, holidays, and vacations.
LPN	6	Personnel in this position administer medical treatments and direct therapy activities. Hawaii State Hospital administration suggests that a minimum of 1.7 personnel are required per shift to assure adequate coverage for three shifts a day, weekends, sick days, holidays, and vacations.
PMA	17	Personnel in this position act as primary therapists and/or activity leaders. To provide necessary staffing for adequate patient control and ward security, as well as appropriate levels of therapeutic care a minimum of 5.4 PMA personnel are required per shift to assure adequate coverage for three shifts a day, weekends, sick days, holidays, and vacations.
Psychiatrist	1	A psychiatrist acts as the chief of each ward treatment team, and prescribes medical treatment programs for patients. A 30-patient case load is an average work load (State of California, 1979).
Psychologist	1	A psychologist is required to develop behavior programs and group process activities for patients. A 30-patient case load is an average work load (State of California, 1979).
Social Worker	1	A social worker's responsibility includes providing direct therapeutic activities, coordinating patient affairs regarding legal and family matters, and to act as liaison for the patient between the hospital and community based support groups. A 30-patient case load is an average work load (State of California, 1979).

Position/Title	No. of Positions	Description and Considerations
Occupational Therapist	1	Each ward requires an occupational therapist to establish, direct, and administer effective therapy programs to provide patients with the skills necessary for their survival in the community.
Occupational Therapist Aide	1	Personnel in this position have responsibility to assist the ward occupational therapist in administering therapeutic programming. The position is required to assure that each patient receives an adequate degree of individual assistance and training to enhance their skills attainment capabilities.
Recreational Therapist	1	Personnel in this position are responsible for the design and implementation of recreational programs and activities tailored to the therapeutic needs of individual patients and treatment levels.
Steno/Clerk	1	This position is required to provide administrative support to treatment staff on each ward.

Capital Improvement Funds to Renovate Hawaii State Hospital to Meet State, Federal and JCAH Standards.

Since 1974 the facilities at Hawaii State Hospital have been cited as deficient and substandard by surveyors and inspectors of state and federal agencies. The Hospital is currently open and operating only on the basis of waivers that have been granted on the premise that major Hospital renovations are forthcoming. The Hospital has been and is in violation of the following codes, regulations, and standards: (1) Joint Commission on the Accreditation of Hospitals (JCAH), (2) Medicare/Medicaid, Title 20, (3) State Department of Health, Regulation 12, (4) State Life and Safety Codes.

1. JCAH Requirements.

The Hawaii State Hospital lost its JCAH accreditation in 1974, and still does not meet accreditation requirements. Treatment programs and facility conditions are the major deficiencies. In order to meet minimum requirements, the Hospital must improve hospital facilitity conditions to provide program effectiveness and efficiency. This would include:

A. Elimination of federal, state, and local deficiencies.

B. Expansion of treatment areas to provide expanded treatment activities.

C. Rearrangement of inter-program locations to provide easier accessibility and reduce the existing segmented and disjointed layout of the Hospital.

D. Elimination of barriers to the handicapped at difficult grades and reduction of distances between buildings and programs, and to provide adequate toilet accommodations.

E. Elimination of environmental debilitations such as high noise levels, poor lighting, and stuffy ventilation, etc., that are therapeutically counterproductive.

F. Improvement in the Hospital's therapeutic enviornment which reflects the needs of psychiatric patients and the therapeutic goals of the Hospital.

2. Medicare/Medicaid Requirements.

The following deficiencies must be rectified in order to comply with the Hawaii State Code of Regulations, Title 20, Chapter III, Part 405, to satisfy Medicare/Medicaid requirements.

A. 405.10-B39, B81: It is occasionally the case that there are more patients than beds for a given ward. The Adult Closed Ward, for example, keeps extra mattresses easily available (an in a non-approved storage area) for overflow patients to sleep on. These patients are usually accommodated with their mattresses on the floor.

B. 405.1020 (a); also, DOH Regulation 12, sec. 2-c and sec. 3-E(1)(f): Goddard Pali and Haiku Wards (Adult and Rehabilitation A Wards, respectively) have patient rooms that do not comply with square footage standards. Single rooms are less than 100 square feet for the first patient and less than 80 square feet for each additional patient. Rooms in Akahi (Rehabilitation B Ward) do not meet these minimum space standards either.

3. State Department of Health, Public Health Regulation 12.

The following deficiencies exist and have been cited by the Department of Health in its May 1982 hospital assessment of Hawaii State Hospital:

A. No. 5, sec. 3-B (6)(c), and No. 9, sec. 3-F (1)(g): There are insufficient toilets, lavatories, and showers in the Goddard and Guensberg Buildings. Throughout the facilities, there are bathrooms located so that to reach them patients must travel through corridors from their bedrooms, Seclusion rooms in Guensberg do not have bathrooms.

B. No. 5, sec. 3-E (3)(c): The Rehabilitation C medicine area does not provide a sink with hot and cold water connections.

C. No. 5, sec. 3-E (1)(h): Privacy is not provided for patients in multiple-bed rooms.

D. No. 8, sec. 3-E (1)(b): Multiple patient rooms in Goddard have more than four patients per room.

E. No. 9, sec. 3-E (1)(f): Seclusion rooms and cubicles in Goddard and Akahi are less than 100 square feet.

F. No. 9, sec. 3-E (1)(g): Provisions are not made in each bedroom to store the patient's personal belongings separately, safely, and conveniently.

4. Life Safety Code.

As required under DOH Regulation 12, sec. 3, licensed facilities must comply with N.F.P.A. No. 101 - The Life Safety Code, 1967, as adopted by the State of Hawaii, March 6, 1971, and/or with the regulations of the Hawaii State Fire Marshall, whichever is more stringent. Existing deficiencies under these codes are listed below:

A. Sec. 10-1331, 1967 LSC: Akahi Building (Rehabilitation B Ward) has no corridor walls separating sleeping rooms.

B. Sec. 10-2351, 1967 LSC: Goddard, Bishop, and Akahi Buildings do not have automatic sprinkler systems.

C. Sec. 6-3, 1967 LSC: The Hawaii State Hospital facility lacks an automatic fire alarm transmission system that communicates to an approved central station.

D. Sec. 8-42, 1967 LSC: The backup power supply at Hawaii State Hospital is inadequate to dependably supply emergency power.

5. Existing Facilities are Sub-Standard and are in Need of Modernization.

Because of the age of Hawaii State Hospital buildings and the lack of systematic maintenance, most buildings need repairs. The most common physical facility problems include:

A. Termite infestation and dry rot.

B. Deterioration of roofs.

C. Deterioration of electrical and communication lines.

D. Deterioration of water and sewage lines.

E. Inadequate lighting and ventilation.

F. Inadequate fire protection provisions.

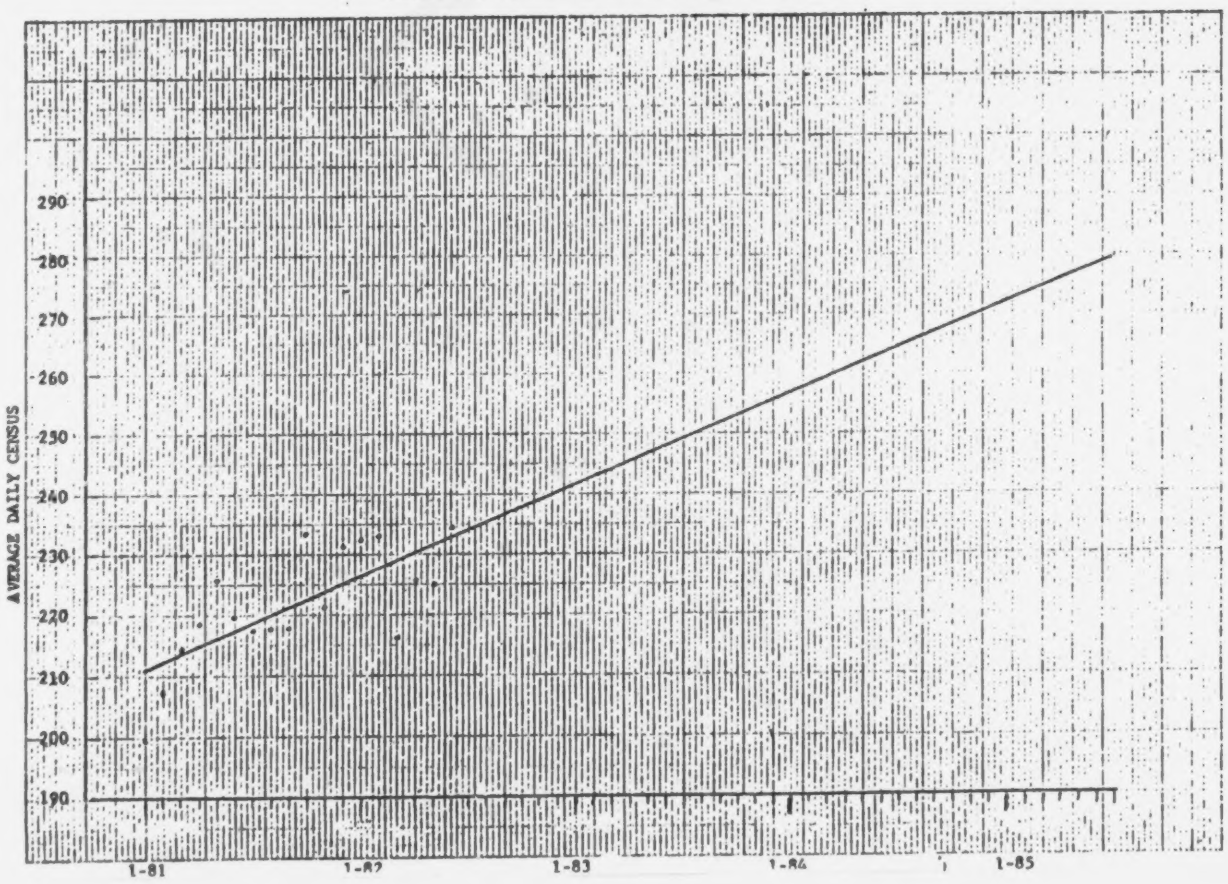
G. Violations of codes relating to the size of patient areas.

The Hospital is presently operating under waivers from the Department of Health regarding these violations. In some cases, these deficiencies are in the process of being rectified by the Hospital. However, most of these deficiencies require major renovations and are tolerated only because waivers have been granted on the premise that major hospital expansion and remodeling is forthcoming.

Plans for the renovation of Hawaii State Hospital have been initiated and good progress has been made. Additional delay in completing these renovations can only make them more expensive. There is little doubt that Hawaii will continue to need a public hospital. The existing facilities are inadequate and do not comply with prescribed standards and regulations. It is probable that additional delay in completing the needed improvements will cause loss of federal revenue. Additional delay may also trigger court action as statutes defining patient rights are now in place and advocacy groups are active to assure these rights are granted. Above all other reasons, however, is the fact that mental patients will continue to live and be treated in dehumanizing substandard facilities unless these renovations are expeditiously and vigorously pursued.

APPENDIX A

AVERAGE DAILY TOTAL CENSUS
JANUARY 1981 THROUGH JUNE 1982 ACTUAL DATA
WITH LEAST SQUARE LINEAR PROJECTION TO JULY 1985



APPENDIX A

HAWAII STATE HOSPITAL
AVERAGE DAILY CENSUS
ACTUAL DATA JANUARY 1981
THROUGH JUNE 1982, WITH LEAST
SQUARE LINEAR PROJECTION TO JULY, 1985

	1981	1982	1983	1984	1985
JANUARY	211.25	226.46	241.66	256.87	272.08
FEBRUARY	212.52	227.72	242.93	258.14	273.35
MARCH	213.78	228.99	244.20	259.41	274.61
APRIL	215.05	230.26	245.47	260.67	275.88
MAY	216.32	231.53	246.73	261.94	277.15
JUNE	217.59	232.79	248.00	263.21	278.42
JULY	218.85	234.06	249.27	264.48	279.68
AUGUST	220.12	235.33	250.54	265.74	
SEPTEMBER	221.39	236.59	251.80	267.01	
OCTOBER	222.65	237.86	253.07	268.28	
NOVEMBER	223.92	239.13	254.34	269.54	
DECEMBER	225.19	240.40	255.60	270.81	

SPSS New Regression Procedure
Chapter 3, Pages 94-121 of SPSS Release 7-9 Update Manual

STATE OF HAWAII

PROGRAM BUDGET REQUEST

BUDGET PERIOD 1983-1985

DEPARTMENT Health

ORGANIZATION Mental Health Division

PROGRAM TITLE Hawaii State Hospital

PROGRAM ID HTH 430

PROGRAM MANAGER (OR DEPT. CONTACT) Howard E. Gudeman Phone: 247-2191

DISCUSSION/JUSTIFICATION OF SIGNIFICANT BUDGET ITEMS IN THIS REQUEST:

Supplement to Summary Overview (9-3-82 Revision):

Additional Documentation of Need that 62 Temporary Positions be Converted to Permanent Positions

As noted in the first part of this summary overview, funds for 62 temporary positions were provided to the Hospital during the last legislative session. These positions were granted on a temporary basis to allow opportunity to determine if the Hawaii State Hospital census would continue to rise and thereby continue to need the additional staff. If the patient census remained high, consideration would be given to establishing the positions on a permanent basis.

During FY 81-82, the Hospital experienced a 24% increase in the number of admissions (801 in FY 80-81 to 990 in FY 81-82). This increase in admissions was fairly equivalent for the Adult and Forensic Services. The adult admissions ward increased from 550 admissions to 655 and the Forensic Service increased from 198 admissions to 279. During the same period, the average Hospital daily census has risen as was anticipated by the least square linear projections indicated earlier. During the last fiscal year, the average daily census was 226, an increase of 24 patients from the previous fiscal year. At the same time, the length of hospitalization has decreased from 99 days in FY 80-81 to 75 days in FY 81-82. In part, the reason the number of patients on the census has not increased proportionally to the rate the admissions have increased is because staff has been able to work effectively with the patients and thereby has reduced the length of time patients need to remain in the Hospital.

If the 62 temporary positions are not made available to continue to provide services on the wards, there is little doubt that the patient daily census will rise, overcrowding on the wards will occur, psychopathology will become intensified, length of hospitalization will be increased and the care provided to patients will deteriorate. The Hospital cannot treat patients without adequate staff.

The 62 positions at issue are currently providing active duty on the following wards:

Discipline	HQ Adm. Sup.	HT Forensic	HU Adult	HS Rehab	Total
Psychiatrists & Psychologists	0	2	1	1	4
Nursing Staff	0	2	5	1	8
Para-Professionals	0	29	13	3	45
Ancillary (includes OT, RT, and Stat-Clerk)	1	3	0	1	5
Total	1	36	19	6	62

All wards at the Hospital maintain capacity census and some (Adult Service) are consistently over census. With the manpower currently available, including the 62 temporary positions that are filled and providing service, the Hospital staff is minimally able to meet their responsibility to the patients admitted to their care. The loss of these 62 positions would require drastic reorganization to maintain minimal care and security.

Necessarily, treatment programs and activities shall need to be cut back. Thereby the Hospital shall become primarily custodial without the resources to provide the treatment patients require. The absence of even minimal treatment activities stand as a potential source of concern for the legislative and the executive branches as advocate groups, attorneys and judges press for compliance to the patient rights that are now mandated by Act 200 of the last legislature.

In addition, employee collective bargaining groups have become hypervigilant concerning overcrowding on the wards and immediately exert grievance procedures when the ward patient census exceeds the specified capacity. Approximately one year ago, the Hospital experienced a temporary work-stoppage because the employee agents considered the overcrowded wards as dangerous to the employees.

The loss of these 62 employees, who are presently on the job with limited term appointments, will create a definite hardship for patients who shall not receive the level of treatment appropriate to their condition. In addition, the loss of these 62 positions may bring about expenses in excess of the salaries required to support them, because of the need to increase the funds for overtime pay and/or to establish emergency expediencies to meet crises that emerge because of overcrowded conditions on the ward. The deletion of these positions is, essentially, "penny-wise and pound-foolish."

STATISTICAL REVIEW OF HAWAII STATE HOSPITAL KANEOHE, HAWAII

JANUARY, 1983

The following statistical charts describe admission rates by legal status, daily census, and length of hospitalization for patients at the Hawaii State Hospital over the last 7 to 10 years. This information is provided to acquaint the reader with recent hospital trends and sufficient background information to place these trends into a long range perspective.

The hospital is currently in transition as it adapts to changes in the total Hawaii Mental Health System. Additional changes must be anticipated as new community facilities and programs emerge, while others may be de-emphasized or even disappear as national and state budgets adjust to a variable economy.

Necessarily, decisions about the hospital will be made! It would be better if these decisions derive from data rather than on the basis of persuasive rhetoric and ill-informed concepts. The accompanying statistical charts reflect how the Hawaii State Hospital has been used in the past and how it is being utilized the present time. The future role and functions of the hospital can more appropriately be determined if this information is given consideration in the decision process.

This packet includes the following information:

Historical View
This is a brief descriptive narrative.

Patient Population and Significant Happenings 1866-1977
This chart shows patient census with corresponding numerical figures, admission/discharge rates 1954-1977, and brief descriptive phrases of significant happenings through the years.

Hawaii State Hospital - 1977-1982 - Census, Admission/Discharge Rates
This chart shows in addition to patient census and admission/discharge rates by fiscal year, the number of beds authorized by State licensure and the number of beds consistent with licensure standards.

Hawaii State Hospital 5-21-76 Thru 12-31-82 - 6.5 Years
This flow diagram shows calendar year admission rate, legal status on admission, and the disposition of emergency admissions pursuant to Chapter 334.

Number, Rate, Admission Status, and Class of Criminal Charges of Penal Code Commitments (Adult) to Hawaii State Hospital - 1974 through December 1982
This chart shows the rapid increase in Penal Code commitments for examination of persons charged with misdemeanors.

Hawaii State Hospital - Average and Median Number Days of Hospitalization of the 337 Patients Discharged During Four Month Period 1-1-82 thru 4-30-82 - Total Hospital and the Four Treatment Services
This graph shows the length of hospitalization.

HISTORICAL VIEW

The unique needs of persons suffering from mental illness were recognized by King Kamehameha and Kaahumanu in 1862, when an insane asylum was authorized, and to which the first six patients were admitted to its location in Palama from jail on August 24, 1866. Care was essentially custodial in nature, intended to be more humane than jail when containment was necessary.

"The Territorial Hospital" at the present Kaneohe site, was opened on January 6, 1930 with the transfer of 541 patients. On over 200 acres overlooking Kaneohe Bay, widely spaced red roofed buildings were augmented with spacious grounds, its own water supply, sewage plan, quarry, gardens, lawns, piggery, poultry, vegetable, fruit farms and laundry. Much of the work was done by the patients under WPA supervision during this period. A locked unit accepted transfer of the first seven prisoners in 1937.

By 1940, the major therapies included insulin shock, hydrotherapy, fever therapy, electroshock therapy and some surgical lobotomy, all supported by occupational therapies, farm, laundry and grounds work. The canteen and beauty shop were opened in 1942, and later that year the Hospital was occupied by the Navy for treatment of WW II bombing casualties.

In 1950, Goddard Building was opened as a treatment unit and tranquilizers came into wide use during the later years of the decade making the extensive use of most of the earlier therapies nearly obsolete, and offering hope to many more patients than ever before.

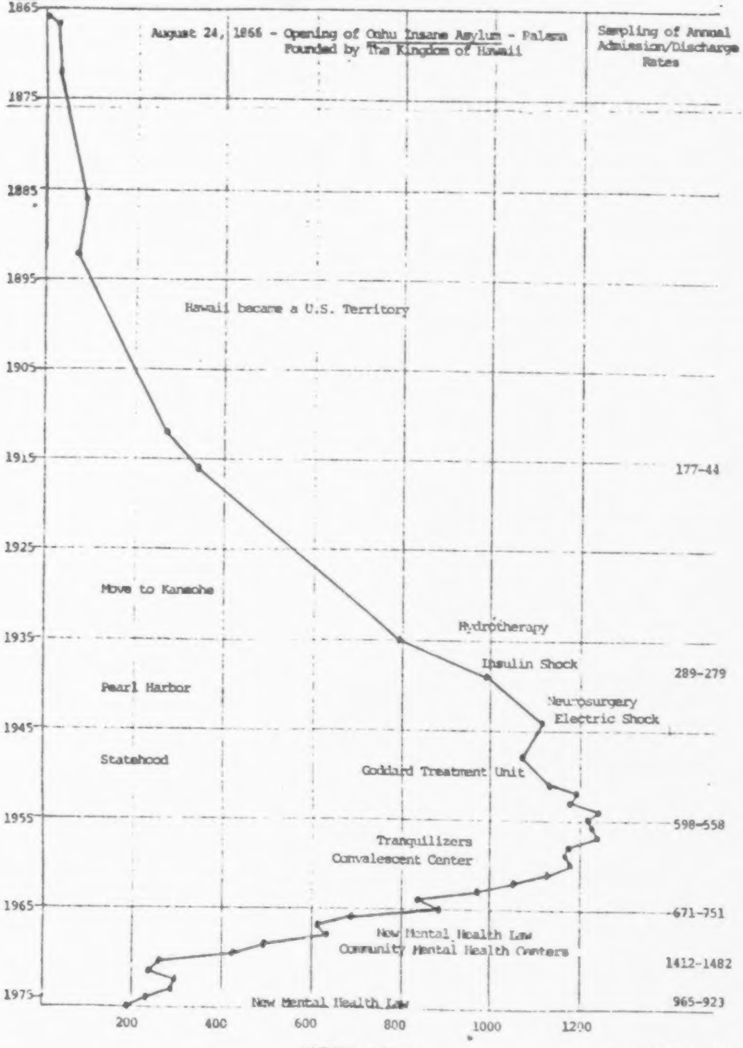
The maximum Hospital census of 1,248 was reached February 1958, which prompted the development of specialized units for the medical surgical, tubercular and adolescent patients, and also transferring patients to neighbor island hospitals to relieve overcrowding. With Statehood in 1959, it was renamed Hawaii State Hospital.

Federal aid to mental health was increasing by 1970, and a major Divisional reorganization was accomplished over the next few years resulting in a major movement of patients, staff, and resources to community based services and programs. The effectiveness of this effort allows a stable minimum-size Hospital program for specialized groups of patients for whom hospitalization here continues to be appropriate within a maximum 220 bed capacity. Our extensive grounds now also house the Kaneohe Regional Park, the Windward Community Health Center, and the campus of Windward Community College.

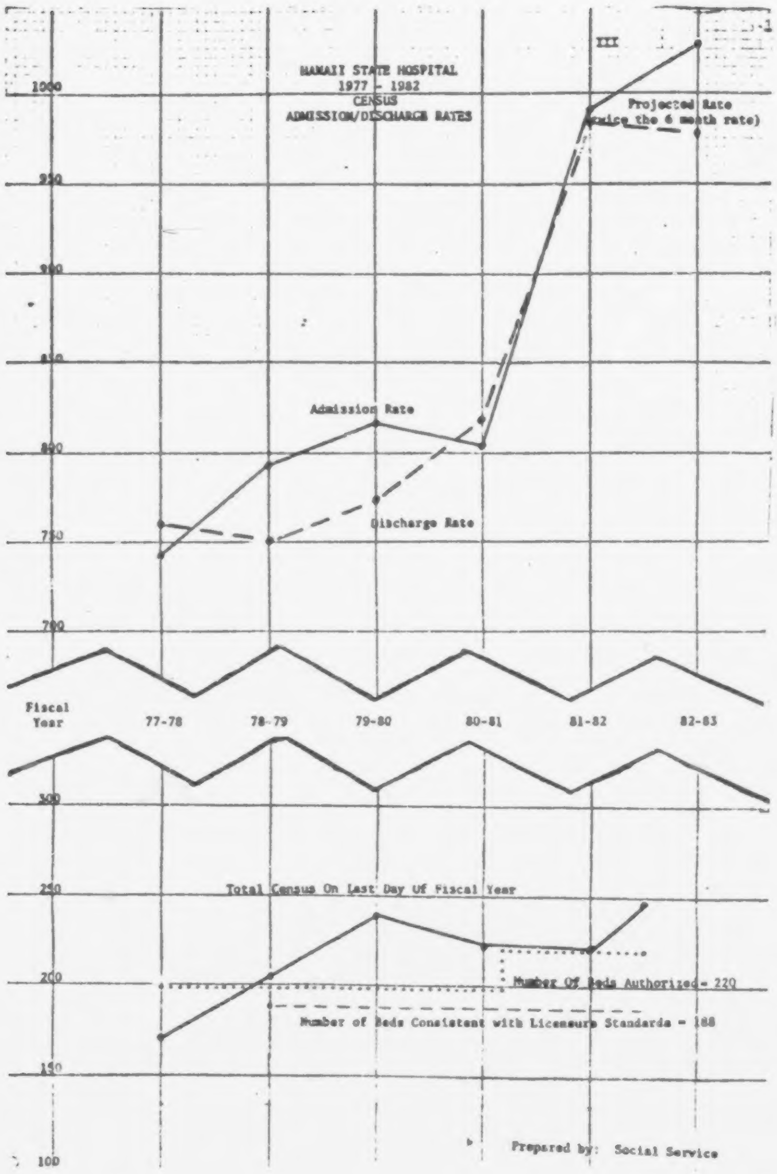
The current overall goal of the hospital is to improve all patients' behavior through individualized, specialized and intensive treatment programs to promote their safe and enduring release to the community. These specialized treatment programs include an Adult Short-Term Treatment Service, an Adolescent Service, a Rehabilitation Service that receives and treats long-term chronic patients and a Forensic Service that works with mentally ill offenders. All hospital treatment programs provide intensive hospital level services that are not otherwise available in the community. In this manner, the hospital seeks to supplement community mental health programs rather than duplicating services that already exist.

HISTORICAL OVERVIEW OF HAWAII STATE HOSPITAL

PATIENT POPULATION AND SIGNIFICANT HAPPENINGS 1866 - 1976



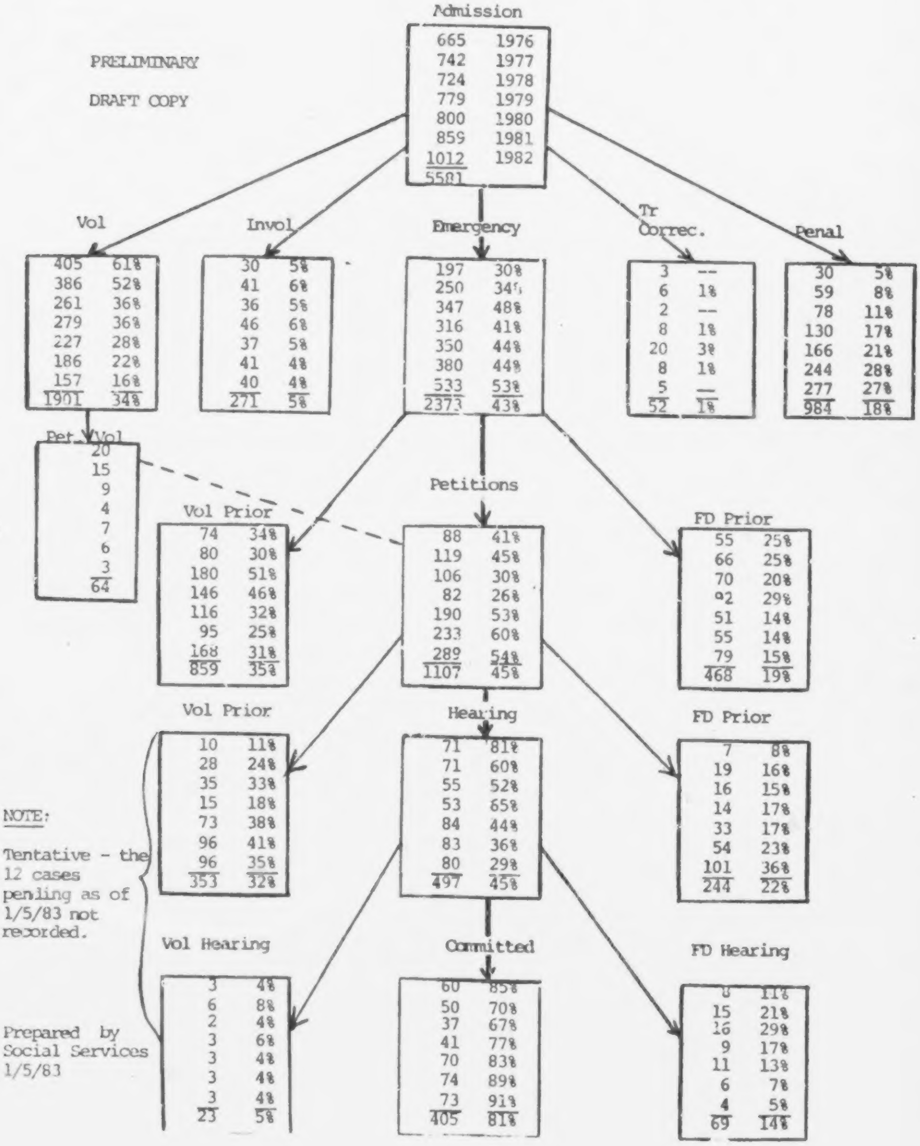
Prepared by Social Services


HAWAII STATE HOSPITAL
1977 - 1982
CENSUS
ADMISSION/DISCHARGE RATES
III
1000
950
900
850
800
750
700
Projected Rate
(twice the 6 month rate)
Admission Rate
Discharge Rate
Fiscal Year
77-78
78-79
79-80
80-81
81-82
82-83
300
250
200
150
100
Total Census On Last Day Of Fiscal Year
Number Of Beds Authorized = 220
Number of Beds Consistent with Licensure Standards = 188
Prepared by: Social Service

HAWAII STATE HOSPITAL
5-21-76 Thru 12-31-82
6.5 Years

PRELIMINARY

DRAFT COPY



Admission

665	1976
742	1977
724	1978
779	1979
800	1980
859	1981
1012	1982
5581	

Vol

405	61%
386	52%
261	36%
279	36%
227	28%
186	22%
157	16%
1901	34%

Invol

30	5%
41	6%
36	5%
46	6%
37	5%
41	4%
40	4%
271	5%

Emergency

197	30%
250	34%
347	48%
316	41%
350	44%
380	44%
533	53%
2373	43%

Tr Correc.

3	--
6	1%
2	--
8	1%
20	3%
8	1%
5	—
52	1%

Penal

30	5%
59	8%
78	11%
130	17%
166	21%
244	28%
277	27%
984	18%

Pet. Vol

20
15
9
4
7
6
3
64

Vol Prior

74	34%
80	30%
180	51%
146	46%
116	32%
95	25%
168	31%
859	35%

Petitions

88	41%
119	45%
106	30%
82	26%
190	53%
233	60%
289	54%
1107	45%

FD Prior

55	25%
66	25%
70	20%
92	29%
51	14%
55	14%
79	15%
468	19%

Vol Prior

10	11%
28	24%
35	33%
15	18%
73	38%
96	41%
96	35%
353	32%

Hearing

71	81%
71	60%
55	52%
53	65%
84	44%
83	36%
80	29%
497	45%

FD Prior

7	8%
19	16%
16	15%
14	17%
33	17%
54	23%
101	36%
244	22%

Vol Hearing

3	4%
6	8%
2	4%
3	6%
3	4%
3	4%
3	4%
23	5%

Committed

60	85%
50	70%
37	67%
41	77%
70	83%
74	89%
73	91%
405	81%

FD Hearing

8	11%
15	21%
16	29%
9	17%
11	13%
6	7%
4	5%
69	14%

NOTE:

Tentative - the 12 cases pending as of 1/5/83 not recorded.

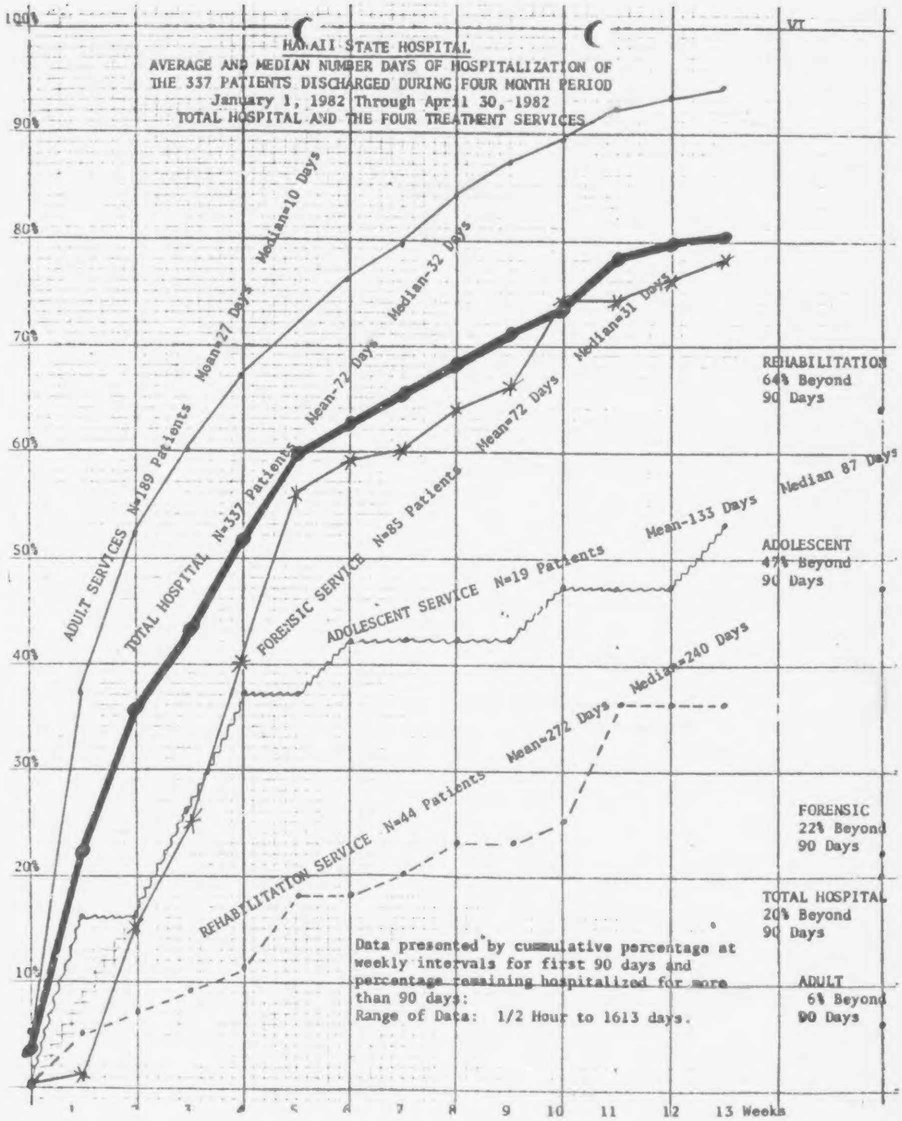
Prepared by Social Services 1/5/83

Number, Rate, Admission Status, and Class of Criminal Charges of Penal Code Commitments (Adult) to Hawaii State Hospital - 1974 through December 1982

Year	Number of Penal Admissions	Rate Per Month	ADMISSION STATUS Exam-ination (Section 404)	Unfit to Proceed (Section 405)	Acquit & Commit (Section 411)	Other & (Sections 607, 334-74)	CLASS OF CRIMINAL CHARGES Felony A B C	Misdemeanor
1974	18	1.50	7	0	9	2	90%	10%
1975	33	2.75	9	6	6	12		
1976	52	4.33	30	6	12	4		
977	69	5.75	39	10	14	6	50%	50%
978	85	7.08	38	15	31	1		
979	130	11.50	70	6	42	12	31%	69%
980	186	15.42	101	41	23	21	32%	66%
981	250	20.83	211	8	19	21	40%	60%
982							26%	74%
an	19		13	1	2	3	47%	53%
eb	27		24	0	2	1	30%	70%
ar	19		15	2	1	1	11%	89%
pr	18		13	2	2	1	18%	83%
ay	27		21	2	1	3	22%	78%
une	29		24	1	4	0	14%	86%
uly	19		15	1	2	1	21%	79%
ug	21		15	1	1	4	33%	67%
ept	19		17	0	0	2	21%	79%
ct	26		23	3	0	0	35%	65%
ov	28		24	1	3	0	11%	89%
ec	27		26	1	0	0	19%	81%
OTAL	279	23.25	230	15	18	16	23%	77%

OTE: Data obtained from Forensic Unit.

repared by HSH Social Services 1/5/83



HAWAII STATE HOSPITAL
AVERAGE AND MEDIAN NUMBER DAYS OF HOSPITALIZATION OF
THE 337 PATIENTS DISCHARGED DURING FOUR MONTH PERIOD
January 1, 1982 Through April 30, 1982
TOTAL HOSPITAL AND THE FOUR TREATMENT SERVICES

Data presented by cummulative percentage at weekly intervals for first 90 days and percentage remaining hospitalized for more than 90 days:
Range of Data: 1/2 Hour to 1613 days.

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
VT
ADULT SERVICES N=189 Patients
Mean=27 Days
Median=10 Days
TOTAL HOSPITAL N=337 Patients
Mean-72 Days
Median-32 Days
FORENSIC SERVICE N=85 Patients
Mean=72 Days
Median=31 Days
ADOLESCENT SERVICE N=19 Patients
Mean-133 Days
Median 87 Days
REHABILITATION SERVICE N=44 Patients
Mean=272 Days
Median=240 Days
REHABILITATION
64% Beyond
90 Days
ADOLESCENT
47% Beyond
90 Days
FORENSIC
22% Beyond
90 Days
TOTAL HOSPITAL
20% Beyond
90 Days
ADULT
6% Beyond
90 Days
1
2
3
4
5
6
7
8
9
10
11
12
13 Weeks

LETTER FROM DAVIANNA MCGREGOR-ALEGADO, NATIVE HAWAIIAN EDUCATION ASSESSMENT PROJECT REVIEW COMMITTEE CHAIR AND GARD KEALOHA, OFFICE OF HAWAIIAN AFFAIRS EDUCATION CHAIR

January 19, 1984

Dear Senator Weicker:

This letter is being written by the education sub-committee on Education of the Office of Hawaiian Affairs (OHA) to state our endorsement of the findings of the Native Hawaiian Educational Assessment Project (NHEAP), to affirm OHA's commitment to implement selected aspects of the recommendations and to encourage federal support for programs aimed at implementing the recommendations of the report.

Endorsement

Our evaluation of the NHEAP is that it is a comprehensive and well documented study which has done a thorough job of compiling existing data on the special educational needs and culturally-related academic needs of native Hawaiians. The report identifies priority areas for concentrated attention and action with which we concur. However, we also note that the report's findings document many other related areas of concern which also need particular attention and correction. The report's method of analysis is eclectic and it leaves room for more than one interpretation of the interrelationship of the factors and conditions that it documents. The report hypothesizes that culture loss and stress among native Hawaiians is the root cause of the problems that native Hawaiians experience in the educational system. However, our committee places more importance on the drastic changes in the history of Hawaii, especially the demise of the self-determination of native Hawaiians, as root causes of the problems native Hawaiians experience in education. In addition, we also make a stronger indictment upon the educational system for institutional policies and practices which provided access to educational opportunity in a culturally insensitive manner. In most cases, teacher and counselor training, curriculum development, teaching strategies and hiring practices have not adequately prepared educators to interact with the special and culturally-related academic needs of native Hawaiians.

The Role of the Office of Hawaiian Affairs

The role of the Office of Hawaiian Affairs regarding the educational needs of native Hawaiians is to evaluate and monitor programs, policies and practices of the State Department of Education, the University of Hawaii System, institutions and agencies providing educational services to native Hawaiians. We will utilize the findings of the NHEAP to develop criteria and standards for evaluating the services being provided to native Hawaiians in education in order to assure equal access of opportunity for educational achievement, maximizing existing resources. We will also advocate the development of new programs aimed at implementing the recommendations of the NHEAP. Among the recommendations of the NHEAP we see the following as priority areas:

(1) Providing high-impact educational aid for individual most-in-need schools with high Hawaiian populations.

(2) Teacher (and counselor) training and dissemination of culturally compatible basic skills curricula developed locally.

(3) Support and expansion of Hawaiian Studies and Development of culturally relevant curriculum materials.

(4) Culturally-valid screening and individual program development for Hawaiian students with developmental disabilities as well as for gifted and talented students.

(5) Assisting in continuing the Needs Assessment data collection in the future.

The Office of Hawaiian Affairs is also funding selected projects on a demonstration basis with a view to having existing agencies eventually incorporate these programs into their regular services. The Office of Hawaiian Affairs funded the Halau Liko Laulani o Hawai'i demonstration project. It is a Language Learning Center for Hawaiian children. It provides pre-school training for Hawaiian children, ages one to five, in Hawaiian language, values and cultural learning. The Hawaiian language is predominantly spoken and Hawaiian ***kupuna*** (elders) teach the children.

The Office of Hawaiian Affairs is also funding a community co-ordinator for the State Department of Education's ***Kupuna*** Program. The co-ordinator provides a vital role in identifying and assisting ***kupuna*** in preparing for their teaching responsibilities.

Federal Support

As recently documented by the National Commission on Excellence in Education in their report entitled, "A Nation At Risk", drastic reforms are needed in the U.S. educational system. The commission concluded that:

> "Part of what is at risk is the promise first made on the continent: all, regardless of race or class or economic status, are entitled to a fair chance and to the tools for developing their individual powers of mind and spirit to the utmost. This promise means that all children by virtue of their own efforts, competently guided, can hope to attain the mature and informed judgement needed to secure gainful employment and to manage their own lives, there serving not only their own interests but also the progress of society itself."

The NHEAP proceeded from an independent set of data and developed its own working assumptions. It focused on the conditions of the small and isolated population of native Hawaiians in Hawaii. Its findings, however match those of the National Commission, and can be viewed as a particularization of the larger study. It provides a detailed study of the educational system in Hawaii, from the vantage point of the part-Hawaiian students who comprise 21.2% of the students the Hawaii schools, and also make up the majority of the students who are the most-in-need in the Hawaii schools. The findings of the report provided a challenge to the Department of Education at the federal and state level to initiate drastic reforms to reverse the present negative trends among native Hawaiians in education. It is incumbent upon Congress to provide funding for programs aimed at improving educational opportunities and standards in the U.S. as well as equal access to achievement within the educational system, for all minorities, including the native Hawaiians. The NHEAP provides excellent recommendations on priority areas for program development.

The OHA subcommittee on Education includes representation from a wide spectrum of professional and lay persons in the higher, secondary, elementary and community levels of concern.

Some of the major ideas that the committee continues to entertain include the establishment of a Chair in Hawaiian Studies at the University of Hawaii, computer literacy courses for upper elementary school students, in-service training courses in Hawaiian cultural approaches for public school teachers as well as training in Hawaiian cultural values and attitudes at the University of Hawaii Teachers College.

The Alu Like Needs Assessment clearly identifies that Hawaiians place the highest priority on the education of their children.

We urge your continued support on the inclusion and expansion of native Hawaiians in relevant federal legislation. Our national priorities must reflect the urgent and immediate needs of America's citizens. It is the only way we can truely strengthen our national pride and a just society.

LETTER FROM THE NATIONAL ASSOCIATION OF SOCIAL WORKERS INC., HAWAII CHAPTER

January 31, 1984

Senator Daniel Inouye
722 Hart Senate Building
Washington, D.C. 20510

RE: SUBCOMMITTEE HEARINGS ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION HELD IN HAWAII ON JANUARY 17 and JANUARY 19, 1984

Dear Senator Inouye,

Enclosed you will find our comments and concerns on recent testimony presented in Hawaii at the subcommittee hearings. We are concerned with issues that effect the children and families of Hawaii. Our committee reviews legislation at both the federal and state level. We appreciate the opportunity to present our concerns and look forward to continued contacts with you in the future.

Aloha Nui Loa

The Child/Family Committee of ELAN
National Association of Social Workers
Hawaii Chapter

STATEMENT OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS INC., HAWAII CHAPTER

EDUCATION OF THE HANDICAPPED ACT, P.L. 94-142

During the present administration this program has faced financial reductions and possible repeal. Of note however is the recent passage of P.L. 98-199 on December 2, 1983, which amends the Act to revise and extend the authorization of monies for specified programs. While in support of extending the Act and increasing the amounts authorized for specific programs by Amendments to the Omnibus Budget Reconciliation Act of 1981, we are concerned about the repeal of special programs for children with learning disabilities. If the origional Act P.L. 94-142 is continually challenged and is slowly eroded by repealing programs one at a time we may face, in the near future, a law that no longer addresses the needs of the handicapped. Our concerns are the following:

1) There will not be appropriate public educational opportunities for the handicapped. This also becomes an economic issue as families or states must provide total longterm support for this population.

2) With decreasing educational opportunities the child's self-esteem and self-sufficiency may be effected negatively.

3) There will no longer be a concept of mainstreaming and normalization of the handicapped and we will return to pre-1965 philosophies which will decrease social awareness and acceptance of the handicapped as a group and will return us to an age of increasing prejudice.
4) This might open the door for prejudice toward any child who is not seen as the "average normal" child and effect others by reducing funding for their special needs.

We are in favor of continued funding, including but not limited to, P.L. 94-142 and a continuation of the philosophy of mainstreaming the handicapped in the school system. Our concerns are for continued reductions in programs and those that have already been excluded. If at the federal level services are cut and left up to the states to provide our concerns are for the quality of programs, possible exclusion of programs available and lack of continuity between states. This would tend to decrease appropriate educational opportunities for this population.

COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DISABLED DWINDLING FEDERAL SUPPORT SINCE 1979 AND LOST RESOURCES SINCE THE OMNIBUS RECONCILIATION ACT BECAME EFFECTIVE IN 1981

Since 1979 federal support for community services for the developmentally disabled has decreased from 58% to 0%. It is projected to remain at 0% levels during FY1984-1985. The State of Hawaii currently supports 95% of the community services to this population out of general funds. We are fortunate that the state has provided funding that was lost from the federal government. This has allowed services to continue within the state. However, there have been areas of concern within services provided and apparent gaps in service delivery across a continuum of service from birth to death. Our concerns are for the services available to parents/ families of the developmentally disabled children and the children themselves.

The total estimated population of the developmentally disabled in the State of Hawaii for 1984 is 6,859. Of this 2,787 are under the age of nineteen. With the remaining 4,072 over nineteen. A small number, 348 as of 12/31/83, continue to reside at Waimano Training School and Hospital. Projected estimates for 1986 are: total population 7,015 with 2,870 under nineteen and 4,145 over nineteen. The population is continuing to grow. The greatest proportion of the population continues to be over the age of nineteen.

A range of services are available at the infant and school age level. They are intertwined with early identification, pre-school and educational programs within the public school system. Although programs continue they are providing less indepth services due to the loss of permanent staff positions, no increases in funding to keep up with inflation and an increase in the number of children serviced. Funding is not available to develop new programs.

To provide a continuum of appropriate community services to this population we would like to address three areas in particular that are problematic for parents/families and the developmentally disabled themselves.

1) Respite Services. These services are only available on a crisis basis. This does not allow parents/families to schedule respite services which over the long term may decrease tension in the home and decrease burn out from dealing with the variety of problems of the developmentally disabled in the home. It also appears to increase the need for protective services for the developmentally disabled person. This may inturn increase the chances that home placements decrease and institutionalization or alternative community placements increase.

2) When a developmentally disabled child completes his education in the public school system there are limited community resources in the way of day programs, sheltered workshops, programs below workshop status and vocational programs. What is available in the community has long waiting lists. Some families place their children on waiting lists once they reach the age of sixteen to insure they will be in some type of day activity. With many households in Hawaii having two working parents a real problem occurs when the developmentally disabled child is forced to remain at home due to lack of available appropriate programs in the community and he is alone. This increases the chance of regression of skills, will increase the need for protective services and will increase the need for at home services which are limited in the community.

3) There is a shortage of appropriate day activity programs for the Senior developmentally disabled. There is one, half-day program for Seniors on Oahu. The waiting list for this program is 1 to 2 years. As our developmentally disabled population continues to age there will be increasing demands on limited community resources for the Senior population. Some Seniors remain in sheltered workshops or training programs where it may not be appropriate. However, it allows families to keep them in the home rather than consider alternative placements.

We have addressed three areas of concern for parents/families of the developmentally disabled and the disabled themselves. We are requesting Federal Seed money that would allow development of community services in the areas identified. We feel this would provide opportunities for this population and close some of the gaps in the continuity of care for the developmentally disabled.

IMPACT AID FUNDS TO OFFSET THE COST OF EDUCATING STUDENTS WHOSE PARENTS LIVE/WORK ON FEDERAL PROPERTY

We appreciate the efforts expended to view Hawaii as seven areas while we remain one unified educational system. This allows the State to apply for more Impact Aid Funds and more clearly reflects the proportion of Federally connected students within our system. Impact Aid Funds are used to pay for Regular Instruction, salaries and fringe benefits of classroom teachers. Funding is an integral part of the total educational budget for the State. At the present time teacher's are proposing to strike for salary increases. This illustrates the strain on resources within the State Education Budget. We propose that Impact Aid monies be funded not at the 14% level, but at the 100% level of Federal fair-share. Our concerns are the following: If funding is not received at fair-share levels the State Educational System may be forced to seek alternative ways to raise additional funds to offset the costs of educating Federally connected students. Although the Governor has said all children in Hawaii will have access to a public education, the following has also been suggested.
1) That parents be charged a fee to offset educational costs. At the present figures--3,000 per child, Impact Aid Funds 420 per child--this would mean 2,580 cost per child to the Federally connected family. The majority of military families in Hawaii would not be able to afford such a fee to provide basic educational opportunities for their children.
2) To no longer accept these children in the public school system because they are not residents of the state. Military children have absolutely no power/choice in duty stations of their parents. Active duty personnel are assigned to Hawaii for National Defense purposes, not only for Hawaii but for the Pacific region as well.

Military installations in all probability will not close on Hawaii, as they have done in some other areas, and the issue of Impact Aid Funds will be a continuing area of concern for both the State Education System and Federally connected families as well. At the present time there are 37,120 Federally connected children in our State system. Federal expenditures in the form of Impact Aid Funds have not reached fair-share proportions in past years. We support the Department of Education in seeking a more equitable proportion of Impact Aid Funds.
We are appreciative of the additional 14% funding that was given recently to the State for the Education Consolidation and Improvement Act, P.L. 97-35, Chapter I, Title I programs that have been effective in our State. This program has increased the normal curve of children enrolled from 6.7 (1979-1980) to 7.3 (1981-1982). The increase will allow additional services to be given to educationally disadvantaged children in our programs. This is especially important as we have a complex blend of cultures and languages within our State population. We appreciate the continued support and are hopeful that it will continue in the future.

Of concern is the funding level for the Vocational Education Program, P.L. 94-482. In our state 47,178 students have been provided with pre-vocational programs under the law. This allows them a transition into the work force with additional skills. As unemployment for our youth is an area of concern this program becomes more important. Increasing funding would allow us to keep up with inflationary costs while continuing to provide quality programs.

As Hawaii is an area of high immigration of families from Vietnam we are concerned that all families receive the same opportunities for financial and medical assistance programs, orientation, health screening, employment and job training services. Under the present system some families are designated as refugees while others are designated as immigrants. If all were designated as refugees, which appears more appropriate, then services would be available to all families. We would request your review of this discrepency in the designation system.

Within the AFDC/Foodstamp program there are concerns with the definition of terms. It is confusing for families when they report income, whether it is net or gross, do I include earned income credits, if I receive a lump sum payment will I be ineligible for programs past the time when I have available funds. Although we support efforts to reduce errors in the system there appears to be lack of clarity of terms. We would support federal attempts to clarify this area. We would also support coordination of AFDC/Foodstamp programs. In that when families are AFDC eligible they are automatically Foodstamp eligible. This would save administration as well as family time if programs were coordinated.

CONCLUSION OF HEARINGS

Senator WEICKER. This will finish the hearings in this great State of Hawaii.

The subcommittee will stand in recess.

[Whereupon, at 1:20 p.m., Thursday, January 19, the hearings were concluded, and the subcommittee was recessed, to reconvene at the call of the Chair.]

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